

GEO

Guyana Economic Opportunities

Investor Roadmap

Reference Manual, Volume II

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Strategic Objective 1: Expanded Opportunities for the Urban and Rural Poor

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Annex A

Investment Related Forms

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Exhibit A-1. Summary of Forms

Form <i>(available from)</i>	Purpose	Cost
Central Housing and Planning Authority		
Building Application (Central Housing)	Provides details of building to be erected, altered or added to for purposes of determining appropriateness of land use .	No cost.
Revised Fees for Processing of Building Land Use and Sub-division (Central Housing)	Provides a detailed list of fees attached to the various services provided by Central Housing and Planning.	See the attached fee schedule.
City Engineer		
Application for Building Approval (old and new form)	To be submitted for approval of building plans. Outside of Region 4 application can be submitted to regional Town Council.	No cost.
Customs – Import/Export		
Application for Refund of Duty (Customs and brokers)	Completed when due a refund from overpayment of duties.	No fee. As with all customs forms, a good broker will provide the necessary forms as part of the service.
Application for Registration (Customs and brokers)	Must complete to receive a registration number, which is required before imported/exported items can be cleared.	
Application for Registration (Consumption Tax)	To provide Customs with consumption tax particulars.	
CARICOM Certificate (Customs and brokers)	Completed before export of goods to CARICOM countries (and US in lieu of Schedule B).	
CARICOM Invoice (Customs and brokers)	Completed for goods exported to CARIBCOM countries.	
Commercial Invoice (Customs and brokers)	To be completed and submitted with goods to be exported. This form must be completed even if exporting firm has its own standard invoice.	
Customs Declaration (C72) (Customs and brokers)	Used in customs clearance for both import and export. Establishes items, quantity and value for determining taxes to be levied.	There is no charge to submit any of these forms. However, the information contained in these various forms will determine the amount of duty and tax that will be charged based on the regulations.
Schedule B (Customs and brokers)	Certificate of value and of origin to be completed for the export of goods from Guyana to U.S.	

Form (available from)	Purpose	Cost
Customs – Duty Free Licence Form of Application for a License (Customs)	Provides the necessary information in order to be considered for a manufacturer's duty free import license.	No cost.
Environmental Protection Agency Application for Environmental Permit (EPA)	Provides information needed to determine whether an Environmental Permit will be required to undertake the business.	Application process fee of the Guyana dollars equivalent of US\$40 (nonrefundable)
Environmental Impact Assessment Review Checklist (EPA)	Provides a checklist of the items that an evaluator will consider in reviewing an impact assessment.	No cost.
Generic Environmental Impact Assessment Guidelines (EPA)	Describes the three components of an assessment: baseline, assessment, and impact statement.	No cost.
List of Projects Requiring Environmental Impact Assessment	To guide in the completion of an EIA.	No cost.
Food & Drug Department Various Inspection Forms (pharmacy/poisons, cosmetic bond; food factories; storage bond)	Forms provided as information regarding the facets of the business the Food & Drug Department officers consider by type of business, e.g. pharmacy, food processor, storage of goods, and cosmetics.	No cost.
Foreign Currency Application for Licence, Renewal, Shift of Premise, and Market Information	Furnishes background information on those seeking to operate a foreign exchange bureau.	No cost.
Conditions of the Dealers in Foreign Currency License	Lays out the conditions a foreign currency dealer must comply with.	No cost.
Guyana National Bureau of Standards Import Quality Control Programme Application (Bureau of Standards)	Bureau of Standards requires that importers of certain products listed on the form must register for this programme.	No cost.
Import Quality Monitoring Programme Guidelines (GBS)	Provides information regarding the program, its parameters, and imported items covered by the programme	No cost.
Guyana Electricity Corporation Requirements for a Service Connection (GEC)	A list of requirements that an applicant for electricity must meet and/or supply to GEC.	Connection charges vary by location and amount of work required to connect applicant

Form (available from)	Purpose	Cost
Guyana Telephone & Telegraph		
Application for Business Telephone Service (GT&T offices)	Completed to initiate process of phone line connection. Note, the time to connect is reduced for locations with existing lines.	No cost.
Guyana Water Authority		
Application for Service Connection (GuyWa)	To be completed in duplicate.	No cost.
Labour Authority		
Application for Registration of a Factory	To be completed when initiating a manufacturing activity. Approval can lead to duty exemptions.	No cost.
Minimum Wages Reference List	Information on minimum wage.	No cost.
Lands & Survey		
Application for Title (Lands & Survey)	Completed when seeking to purchase land that is currently owned by the state or the government. This is to pass transport to the land. It is important to attach the standard questionnaire, which is included here.	Fee is 2.5 percent of the purchase price.
Industrial Estates		
Application for Industrial Plot (Go-Invest)	Completed when seeking a plot within an industrial estate.	If approved, annual lease rate is \$5/sq. ft. One-quarter of the applicable estate infrastructure cost must be paid up-front and the remainder paid over time. Such costs are ~ \$210/sq. ft.
Criteria for Plot Allocation	Guidance on selection criteria	No cost.
Ministry of Trade		
Application for Export Licence (Customs, Min. of Trade and brokers)	Required for the exportation of some items. Valid for 2 weeks plus stipulated quantity. Allow 2 days for processing. Ministry of Trade approves, though depending on item, requires other approvals. Trade can advise.	As with all customs forms, a good broker will provide the necessary forms as part of the service.
Application for Import Licence (Customs, Min. of Trade and brokers.)	Min. of Trade approves. Required to import certain items. Valid for 6 months and stipulated quantity. Extendable 4-6 weeks. Allow 2 days for processing. Depending on item, may require other approvals. Ministry of Trade can advise.	No cost.
National Insurance Scheme		
Application for Registration as an Employer (NIS)	Completed by the employer and submitted to NIS. NIS checks form and issues employer a NIS registration number.	Employers and employees contribute 7.2% and 4.8%, respectively, of wages paid.

Form <i>(available from)</i>	Purpose	Cost
Contribution Schedule (montly) (NIS)	Completed on a monthly basis by the employer for establishing NIS contribution by employer and employee.	
Contribution Schedule (weekly) (NIS)	Completed on a weekly basis for all employees.	
Employed Person's Application for Registration (NIS)	To be completed and submitted to NIS to receive an employee NIS number.	
List of Employed Persons for Registration	To provide a current list of NIS eligible employees	
Self-employed Person's Application for Registration (NIS)	Completed by self-employed individuals to receive NIS registration number.	
Occupational Safety & Health		
Accidents and Occupational Diseases (OSH)	Form to be completed when there is a work related accident.	No cost.
Application for Registration of an Industrial Establishment (form 2)	Particulars of business and hazardous material on site.	No cost.
Certificate of Registration of an Industrial Establishment (form 3)	Official certificate.	No cost.
Notice of an Accident (OSH)	Provides the details of any accident, including the cause and extent of injuries.	No cost.
Notice of Cessation of Disability (OSH)	Provides notification that an injured person is off disability.	No cost.
Notice of Occupational Disease (OSH)	Provides details of any illness contracted as a result of the workplace.	No cost.
Registrar		
Business Names Registration (Registrar)	Form serves as the initiating document to register a sole proprietorship or partnership.	Application fee is \$10,000. Annual renewal fee is \$5, between Jan. 2 and Jan. 15. After that the renewal fee increases to \$10,000.
Transport - Declaration of Purchaser (Registrar)	Provides the purchaser's particulars of purchase. Should be mirror image of the seller's declaration.	No cost.

Form (available from)	Purpose	Cost
Transport - Declaration of Seller (Registrar)	Provides the seller's particulars of sale. Should be mirror image of the seller's declaration.	No cost.
Transport - Special Power of Attorney to Transport or Mortgage (Registrar)	Power of attorney form.	No cost.
Title - Caveat (Registrar)	To register a claim against a parcel and effectively prohibiting transfer of title until claim is removed.	50% of the fee payable on the transaction protected -or- \$90 (in all other cases)
Title – Certificate of Provisional Title to Land (Registrar)	Provides holder with a provisional title to registered land.	No cost.
Title – Certificate of Title to Land (Registrar)	Provides title to the holder of the stipulated registered parcel.	.25% of purchase price or value of the land, whichever is higher.
Title – Charge (Registrar)	Secures payment of a periodic sum with a charge against the registered land owned by the title holder.	.10% of the value of the charge
Title – Lease (Registrar)	Registers the lease of registered land.	\$15 (if less than 3 years) \$30 (if > 3 but < 21 years) \$60 (in all other cases)
Title – Mortgage (Registrar)	Secure a mortgage with the registered land of the title holder.	.10% of the amount secured
Title - Notice of Deposit of Certificate of Title (Registrar)	Registers the deposit of title for the purpose of establishing a lien on the property.	No cost.
Title – Transfer (Registrar)	Passes title from the current holder, the vendor, to a new owner, the buyer.	.25% of the value of the land
Internal Revenue		
Details to Submit (Revenue Authority)	Letter from Revenue Authority outlining particulars to submit to complete file with them to get tax number.	No cost.
Employer's Registration (Revenue Authority)	To complete to obtain tax payer number and PAYE number.	No cost.
Non-company Registration Input (Revenue Authority)	Used to register new employees with the Revenue Authority.	No cost.
Requirements for the Issue of a Tax Compliance Certificate (Revenue Authority)	Outlines what must be done to obtain a tax compliance certificate	No cost.
Return of Deductions of Tax by an Employer (Revenue Authority)	Summary of wages paid and taxes withheld by employee.	No cost.

Form <i>(available from)</i>	Purpose	Cost
Return of Employers of Persons Employed by Them (Revenue Authority)	Detailed accounting, by employee, of wages paid and taxes withheld.	No cost.
Return of Employers of Persons Employed by Them (Revenue Authority)	Summary of total number of persons employed, wages paid, and taxes withheld.	No cost.
Return to be made by Employers of Persons Employed by Them (Revenue Authority)	Declaration that the information provided is true and correct.	No cost.
Confidential Form ? (pages 2 and 3 missing)		No cost.
Tax Deduction Remittance (Revenue Authority)	Provides record of tax funds withheld by a business and remitted to the revenue authority on a monthly basis. Form also serves as receipt of payment for business.	No cost.
Town Councils		
Building Application (Linden)	Examples of forms used by town councils outside of Georgetown to erect/alter/add to a building.	Cost of form varies by town council, e.g., \$0 to \$100 or more. Application fees vary by town as well, e.g.: Up to 700 sq. ft. \$1,000 701 to 1200 sq. ft. \$1,500 >1200 sq. fr. \$5,000
Building Application (Anna Regina)		
Building Application (New Amsterdam)		
Certificate of Fitness for Food Premises	Issued after inspection of premises in which food is handled.	Cost varies by town council. In one area the cost is \$800 for initial certificate and \$800 for annual renewal.
Schedule of Fees New Amsterdam	List assorted fees for a variety of services that the Town Council provides.	Varies by activity

EXHIBIT A-2

CENTRAL HOUSING & PLANNING AUTHORITY

- Building Application
- Revised Fees for Processing of Building Land Use and Subdivision

Exhibit A-7. Building Application

BUILDING APPLICATION
TO ERECT ALTER OR ADD TO BUILDING IN THE ANNA REGINA
TOWN COUNCIL

Name of Applicant:

Present Address:

Works to be done:

Location of Work:

Owner of Land:

Is the Land laid out for building purposes?

Date on which work is to begin:

Height of structure from ground.....feet, Pillars, Blocks of.....

Materials to be use
in construction of

(Floor.....)

(Walls.....

(Roof.....

Dimension of building.....

Least Distance of
any part of the
structure from

(Boundry of lot.....)

(Drainage of fresh water trench.....)

(Any other building.....)

Area of lot.....

Total area to be covered by building.....

Date on which work is to begin.....

I declare the above to be a true statement of all the works I wish to carry out.

Date:

Signature of Applicant

Date:

Site inspected and details checked.

Signature of Public Health Insp.

Date:

Details of above lot checked.

Town Clerk

Dear Comrade,

This is to inform you that approval has been/has not been given for the works you propose to carry out as set forth in your application ofsubject to comply in all respects with the By-Laws.

During the progress of the work please keep in touch with the Public Health Inspector and the Town Clerk.

Town Clerk.

CENTRAL HOUSING AND PLANNING AUTHORITY
REVISED FEES FOR THE PROCESSING OF BUILDING,
LAND USE AND LAND SUB-DIVISION APPLICATION.

1. APPLICATIONS FOR THE LAYOUT AND SUB-DIVISION OF LAND.

- (a) Application for approval in principle.
A fixed fee of two thousand dollars (\$2,000.00) per application.
- (b) Application for approval of a Planning Scheme.
A fixed fee of five thousand dollars (\$5,000.00) per application.
- (c) Application for approval of sub-division proposal for transport for building (Residential) purposes.
A fixed fee of two thousand dollars (\$2,000.00) for application plus three hundred dollars (\$300.00) per each lot up to ten (10) lots and one hundred dollars (\$100.00) per lot thereafter to a maximum fee of twenty-five thousand dollars (\$25,000.00).
- (d) Application for approval of sub-division proposal for Transport for building (other than Residential) purposes.
A fixed fee of three thousand dollars (\$3000.00) per application, plus a fee of one hundred dollars (\$100.00) per acre up to fifty (50) acres and fifty dollars (\$50.00) per acre thereafter to a maximum fee of twenty-five thousand dollars (\$25,000.00)

Note

Included in this category are applications for Transport for industrial and cultivation purposes.

- (e) Application for transport partly for building purposes and partly for cultivation purposes.
A fixed fee of two thousand dollars (\$2000.00) per application plus three hundred dollars (\$300.00) per lot for building purposes and a further fee of one hundred dollars (\$100.00) per acre for cultivation purposes.

2. APPLICATIONS FOR LAND USE PERMIT AND BUILDING APPLICATIONS.

- (a) Land Use Permits
 - (i) A fixed fee of two thousand dollars (\$2,000.00) for applications for land use clearance for all commercial undertakings other than Liquor Restaurants, Offices and industrial undertakings.

Each Residential/Commercial proposal which includes that a liquor establishment more than 1000 sq ft. (90m20.

\$4,000.00

Each building application for commercial purposes other than a shop or Liquor Establishment e.g. food Restaurant

\$3,000.00 per application.

(ii) **INDUSTRIAL BUILDING**

Each building application for industrial purposes

\$10,000.00 per application.

Note

Included in this category are applications for Service Stations and Warehouses.

-
3. (i) The fee for the re-issuance of the copy of an approval for planning permission shall be five hundred dollars (\$500.00).
- (ii) Fees for purely residential building applications are payable directly to the particular Local Authority. Such Local Authority shall determine what fees are reasonable for this purpose.
- (iii) Whenever a Local Authority refers a building application to the Central Housing & Planning Authority for processing, the Local Authority shall retain ten percent (10%) of all fees collected and the remainder shall be remitted to the Central Housing & Planning Authority.

4. **EXEMPTIONS.**

1. Government agencies (including Regional Democratic Councils).
2. Religious and community-based organizations, and
3. Local Authorities, where the Local Authority, itself wishes to undertake development proposals.

- (ii) A fixed fee of three thousand dollars (\$3,000.00) for all applications for land use clearance for the following:-

Offices

Liquor Establishments

Industrial Establishments.

Note

All fees for land use permits are payable directly to the Central Housing & Planning Authority.

Where an application for land use permit includes proposals for a commercial undertaking(s) plus any of those in category (ii) the fee shall be four thousand dollars (\$4,000.00) per application.

(b) BUILDING APPLICATIONS.

(i) Commercial Buildings

	<u>FEE</u>	
Each Shop less than 1000 sq. ft. (90m2)	\$1,500.00	
Each Shop more than 1000 sq. ft. (90m2)	\$ 2,500.00	
Each Residential/Commercial application less than 1000 sq ft. (90m2)	\$2,000.00	Commercial proposals for Liquor establishments are excluded from this category.
Each Residential/Commercial application more than 1000 sq ft. (90m2)	\$3,000.00	
Each Residential/Commercial or commercial proposal which includes that of a liquor establishment less than 100 sq ft. (90m2)	\$3,500.00)	

EXHIBIT A-3

CITY ENGINEER

- Application for Building Approval
(old and new form)

CITY ENGINEER'S DEPARTMENT - APPLICATION FOR BUILDING APPROVAL.

The undersigned hereby applies for approval to build according to plans and specifications herewith submitted, and agrees to comply with By-Laws and Regulations. It is expressly understood that the granting of Approval does not relieve the Applicant with all said By-Laws and Regulations though not called for in the specifications or shown on plans submitted.

OWNER'S NAMES:

OWNER'S ADDRESS:

APPLICANT'S NAMES:

APPLICANT'S ADDRESS:

ARCHITECT/DRAUGHTSMAN:

ADDRESS:

NATURE OF AUTHORITY IF APPLICANT IS NOT OWNER:

NATURE OF WORKS: New Erection () Addition () Alteration ()

USE OF BUILDING WHEN COMPLETE: Dwelling () Business () Government ()
Business and Dwelling () Other ()

TYPE OF STRUCTURE: Claybrick () Wood () Steel () Concrete and Wood ()
Concrete and Steel () Wood and Steel () Concrete () Other

SIGNATURE OF OWNER OR AUTHORIZED AGENT

NOTE: The following documents must be submitted along with the application:-

1. Copy of transport and/or Document of Authority.
2. Three (3) copies of Building Plan.
3. Processing and Inspection fees.
4. Rates and Taxes receipt verifying payments for previous year.

Please note also that after written approval by the City Engineer:

1. You are required to give seven (7) days notice in writing to the City Engineer of your intention to commence building operations.
2. You are required to give fourteen (14) days notice in writing to the City Engineer of the completion of these buildings operations.
3. Any plans approved by the City Engineer are of no effect if building operations to which the plan relates are not commenced within twelve (12) months after date of the approval thereof and fresh application is necessary.

COUNCILORS OF THE CITY OF GEORGETOWN
CITY ENGINEER'S DEPARTMENT – APPLICATION FOR BUILDING APPROVAL
TO THE CITY ENGINEER

The undersigned hereby applies for approval to build according to plans and specifications herewith submitted, and agrees to comply with By-Laws and Regulations. It is express understood that the granting of Approval does not relieve the Applicant with all said By-Laws and Regulations though not called for in the specifications or shown on plans submitted.

LOCATION:

OWNER'S NAME:

OWNER'S ADDRESS:

APPLICANT'S NAMES:

APPLICANT'S ADDRESS:

ARCHITECT / DRAUGHTSMAN:

ADDRESS:

NATURE OF AUTHORITY IS APPLICANT IS NOT OWNER:

NATURE OF WORKS: New Erection () Addition () Alteration ().

USE OF BUILDING WHEN COMPLETE: Dwelling () Business () Government ()
Business and Dwelling () Other ().

TYPE OF STRUCTURE: Clay-brick () Wood () Steel () Concrete and Wood ()
Concrete and Steel () Wood and Steel () Concrete ()
Other ().

SIGNATURE OF OWNER OR AUTHORIZED AGENT

NOTE: The following documents must be submitted along with the application: -

1. Copy of Transport and / or Document of Authority.
2. Three (3) copies of Building Plan.
3. Processing and Inspection Fees.
4. Rates and Taxes receipt verifying payments for previous year.

Please note also that after written approval by the City Engineer:

1. You are required to give seven (7) days notice in writing to the City Engineer of your intention to commence building operations.
2. You are required to give fourteen (14) days notice in writing to the City Engineer of the completion of these buildings operations.
3. Any plans approved by the City Engineer are of no effect if building operations to which the plan relates are not commenced within twelve (12) months after date of the approval thereof and fresh application is necessary.

EXHIBIT A-4**CUSTOMS – IMPORT/EXPORT**

- Application for Refund of Duty
- Application for Registration (Customs and Brokers)
- Application for Registration (Consumption Tax)
- CARICOM Certificate (Customs and Brokers)
- CARICOM Invoice (Customs and Brokers)
- Commercial Invoice (Customs and Brokers)
- Customs Declaration (C72) (Customs and Brokers)
- Schedule B (Customs and Brokers)
- Form of Application for a License

GUYANA

(Form C27 – Customs)
Reg. 70

APPLICATION FOR A REFUND OF DUTY

Over-entry Certificate No.

Treasury Pay Voucher No.

To the Proper Officer of Customs & Excise
at..... Date.....19.....I/We hereby apply for a refund of duty of \$..... over paid by me/us in respect of
(a)
entered for * importation/exportation on the

*aircraft/ship.....

Rotation No..... of.....19....., on which I/We paid duty in the
amount of \$..... on entry No.....of.....19.....The grounds on which I/We base this claim are: -
.....
.....
.....

(Signed)

Importer/Exporter or Agent

(a) Insert particulars of the packages, quantity and value of the goods.

CERTIFICATE OF OVER-ENTRY

I hereby certify that –

(a) the goods *were/were not entered on the Bad Order List of *aircraft/ship and that the claim is
in accordance with the result of examination recorded thereon with the exception of the
following: -
.....(b) the goods were *short landed/short shipped/short delivered and the report *inwards/outwards
of the *aircraft/ship amended.(c) the goods were over-entered as follows: -
.....

Date.....19.....

Proper Officer

(*Delete whichever is not applicable.)

I hereby certify that the true account is as follows and that particulars of this over-entry have been
recorded in the Over-Entry Certificate Register and on the relative original entry: -

Duty paid	Description of the goods	No. or quantity	Value c.i.f. \$	Duty \$
Correct duty				
Over-entered				

Examined and found correct.

Proper Officer

..... Date.....19.....

Proper Officer

Date.....19.....

The duty to be paid in respect of the goods the particulars of which are stated hereon amounts to
\$..... and payment is hereby authorized.

.....
For Comptroller of Customs and Excise

Date.....19.....

The Treasury.

.....19.....

Received from the Financial Secretary and Treasurer the sum of
.....
in payment of the claim overleaf.

(Signed).....
Importer/Exporter or Agent

\$.....

Republic of Guyana

Customs & Excise Dept.
Ministry of Finance**APPLICATION FOR REGISTRATION**

(to be prepared in duplicate)

TO: The Comptroller of Customs & Excise**DATE:**

I wish to apply for a Customs Registration Number. This number is required to be inserted on Customs entries at the time of importation of Exportation, prior to lodging with Customs.

1. NAME:.....
2. ADDRESS:.....
.....
3. TELEPHONE NO. (S) FAX NO.
4. COMPANY ☐ SOLE TRADER ☐ PARTNERSHIP ☐
5. IMPORTER ☐ EXPORTER ☐ BOTH ☐
6. OCCASIONAL IMPORTER OR EXPORTER YES ☐ NO ☐

APPLICANT:

DESIGNATION:

FOR OFFICIAL USE

TO:

DATE:

The Customs and Excise Department has assigned to you the following Registration Number:

.....

N.B. This number **MUST** be inserted on all entries.

Failure to do so could cause delay in the processing of your entries.

Your co-operation will be appreciated.

.....

for Comptroller of Customs & Excise

FIRST SCHEDULE

Form No. 1

Application for Registration

Regulation 3

PART I**PARTICULARS OF BUSINESS**

1. Trading style, or full name if there is no other trading style, of the business for which registration is required.
2. Ordinary trade description of the business carried on.
3. Address of premises at which the business is carried on and telephone number.
4. Address at which principal accounts of the business are kept and telephone number.
5. If the business is not owned by an incorporated company give the full name(s) and private address(es) of the proprietor or partners.
6. If the business is owned by an incorporated company give the its registered office.
7. Particulars of any previous applications for registrations for consumption tax whether under the above trading style or any other. State name and principal address of applicants; the approximate date (if registration on effected) and the number (if registration effected)

PART 2

1. What description of goods made by you and liable to consumption tax do you (i) sell, (ii) let out on hire or otherwise dispose of or (iii) use for in connection with your business which are made by you or on which you perform a process of manufacture applied by another person to your goods? State (iv) the approximate annual gross proceeds of such sales, and (v) the approximate total annual value of such goods appropriated for letting out on hire or otherwise disposed of (vi) the approximate total annual value of such goods appropriated or applied for use in connection with your business.
 (iv) Present \$
 Expected \$
 (v) Present \$
 Expected \$
 (vi) Present \$
 Expected \$

2. What description of goods liable to consumption tax do you buy –

- (i) for use by you as materials in making other goods liable to Consumption tax.
- (ii) for use by you as materials in making goods not liable to consumption tax.
- (iii) for use by you in repairing other goods.
- (iv) for use in any other manner not mentioned above.

PARTICULARS OF PREMISES

3. Full list of premises (if different from No. 3 in Part I) where the manufacture specified above is carried on.

Name of Signatory in Block Letter

I hereby declare that the foregoing particulars and statements are true and complete and I apply for registration accordingly.

.....
Date

.....
Signed

Proprietor) of the
Partener) business
Director) partnership
Secretary) for Company.

Exporter (Name, full address, country)		Exporter's Ref. No.			
Consignee (Name, full address, country)		CARIBBEAN COMMON MARKET COMBINED DECLARATION BY EXPORTER AND CERTIFICATE OF ORIGIN.			
Transport information (vessel/aircraft, place of loading, etc.)		Country of issue..... (Country)			
Transport information (vessel/aircraft, place of loading, etc.)		See notes overleaf			
Transport information (vessel/aircraft, place of loading, etc.)		Country of Origin Country of Destination			
Transport information (vessel/aircraft, place of loading, etc.)		For Official Use			
Item Number	Marks and Number of Packages	Number and Kind of packages, description of goods.	Origin criterion (see notes overleaf)	Gross Weight of other quantity	Number and date of invoices
CERTIFICATION It is hereby certified, on the basis of control carried out, that the declaration by the exporter is correct.			DECLARATION BY THE EXPORTER I, the undersigned, hereby declare that the above details and statements are correct; that all the goods were produced in (country) and that they comply with the provisions governing the determination of origin set out in Articles 14 and 16 of and Schedule II to the Annex to the Treaty establishing the Caribbean Community.		
..... Place and date, signature and stamp of certifying authority		 Place and date, signature of authorised signatory		

NOTES FOR THE PREPARATION OF THIS FORM

A. Origin Criterion

The criterion on the basis of which Common Market origin is claimed must be stated in the column headed "Origin Criterion" against each item in the manner indicated below:

If each article comprised in the item has been —

- (a) wholly produced within the Common Market.

The letter "CM" must be inserted;

- (b) produced using materials imported from outside the Common Market or of undetermined origin in such a manner that the article fails to be classified in a tariff heading different from that in which any of those materials is classified, in accordance with the provisions of Article 14 of the Annex to the Treaty establishing the Caribbean Community;

The tariff heading number of the finished product preceded by the letter "X" must be inserted;

- (c) produced in accordance with the conditions specified for that article in the List referred to in Article 14 of the Annex to the Treaty establishing the Caribbean Community and set out in Schedule II therefore;

The tariff heading number of the finished produce preceded by the letter "L" must be inserted and where the condition to be satisfied is a percentage value added condition value of materials imported from outside the Common Market or of undetermined origin which have been used in the production of that article expressed as a percentage of the export price of the article must be inserted in brackets immediately following the tariff heading number.

- B. The completion of this Form implies that the producer and the exporter will furnish to the appropriate authorities such information and supporting evidence as they may as necessary require for the purpose of verifying these declarations.

- C. PERSONS WHO FURNISH OR CAUSE TO BE FURNISHED UNTRUE DECLARATIONS RENDER THEMSELVES LIABLE TO PENALTIES.

Dated this

Day of

19

Exporter (Name, full address, country)		Exporter's Ref. No.			
Consignee (Name, full address, country)		CARRIBBEAN COMMON MARKET COMBINED DECLARATION BY EXPORTER AND CERTIFICATE OF ORIGIN.			
Transport information (vessel/aircraft, place of loading, etc.)		Country of issue..... (Country)			
Transport information (vessel/aircraft, place of loading, etc.)		See notes overleaf			
Transport information (vessel/aircraft, place of loading, etc.)		Country of Origin Country of Destination			
Transport information (vessel/aircraft, place of loading, etc.)		For Official Use			
Item Number	Marks and Number of Packages	Number and Kind of packages, description of goods.	Origin criterion (see notes overleaf)	Gross Weight of other quantity	Number and date of invoices
CERTIFICATION It is hereby certified, on the basis of control carried out, that the declaration by the exporter is correct.			DECLARATION BY THE EXPORTER I, the undersigned, hereby declare that the above details and statements are correct; that all the goods were produced in (country) and that they comply with the provisions governing the determination of origin set out in Articles 14 and 16 of and Schedule II to the Annex to the Treaty establishing the Caribbean Community.		
..... Place and date, signature and stamp of certifying authority		 Place and date, signature of authorised signatory		

NOTES FOR THE PREPARATION OF THIS FORM

A. Origin Criterion

The criterion on the basis of which Common Market origin is claimed must be stated in the column headed "Origin Criterion" against each item in the manner indicated below:

If each article comprised in the item has been —

- (a) wholly produced within the Common Market.

The letter "CM" must be inserted;

- (b) produced using materials imported from outside the Common Market or of undetermined origin in such a manner that the article falls to be classified in a tariff heading different from that in which any of those materials is classified, in accordance with the provisions of Article 14 of the Annex to the Treaty establishing the Caribbean Community;

The tariff heading number of the finished product preceded by the letter "X" must be inserted;

- (c) produced in accordance with the conditions specified for that article in the List referred to in Article 14 of the Annex to the Treaty establishing the Caribbean Community and set out in Schedule II therefore;

The tariff heading number of the finished produce preceded by the letter "L" must be inserted and where the condition to be satisfied is a percentage value added condition value of materials imported from outside the Common Market or of undetermined origin which have been used in the production of that article expressed as a percentage of the export price of the article must be inserted in brackets immediately following the tariff heading number.

- B. The completion of this Form implies that the producer and the exporter will furnish to the appropriate authorities such information and supporting evidence as they may as necessary require for the purpose of verifying these declarations.

- C. PERSONS WHO FURNISH OR CAUSE TO BE FURNISHED UNTRUE DECLARATIONS RENDER THEMSELVES LIABLE TO PENALTIES.

Dated this

Day of

19

CARICOM (CARIBBEAN COMMON MARKET)**Invoice**

SELLER (Name, full address, country)		INVOICE DATE AND NO.		CUSTOMER'S ORDER NO.	
		OTHER REFERENCES			
		BUYER (If other than consignee)			
CONSIGNEE (Name, full address, country)		PRESENTING BANK			
		COUNTRY OF ORIGIN OF GOODS			
PORT OF LADING		TERMS AND CONDITIONS OF DELIVERY AND PAYMENT			
COUNTRY OF FINAL DESTINATION					
SHIP/AIR/ETC.					
		CURRENCY OF SALE			
OTHER TRANSPORT INFORMATION		MARKS AND NUMBERS Description of Goods			GROSS WEIGHT kg.
					CUBE M
NO A KIND OF PKGE.	SPECIFICATION OF COMMODITIES (IN CODE AND/OR IN FULL)	NET WEIGHT kg.	QUANTITY	UNIT PRICE	AMOUNT
IT IS HEREBY CERTIFIED THAT THIS INVOICE SHOWS THE ACTUAL PRICE OF THE GOODS DESCRIBED, THAT NO OTHER INVOICE HAS BEEN OR WILL BE ISSUED AND THAT ALL PARTICULARS ARE TRUE AND CORRECT.		PACKING			
		FREIGHT			
		OTHER COSTS (Specify)			
		INSURANCE			
		TOTAL INVOICE AMOUNT			
SIGNATURE AND STATUS OF AUTHORIZED PERSON					

COMMERCIAL INVOICE

SELLER (name, full address, country)		Invoice date and No		Customer's Order No	
		Other References			
CONSIGNEE (Name, full address, country)		BUYER (If other than consignee)			
		Presenting Bank			
		Country of Origin of Goods			
Port of Lading		Terms and Conditions of Delivery and Payments			
Country of Final Destination	Ship/Air/Etc				
Other Transport Information					
		Currency of Sale			
Marks and Numbers	Description of Goods	Gross Weight Kg		Cube M ³	
No. & Kind of Pkgs	Specification of Commodities (in Code and/or in full)	Net Weight Kg	Quantity	Unit Price	Amount
<p>It is hereby certified that this Invoice shows the actual price of the goods described, that no other Invoices has been or will be issued and that all particulars are true and correct.</p> <p>..... Signature and status of authorised person.</p>		Packing			
		Freight			
		Other Costs (Specify)			
		Insurance			
		Total Invoice Amount			

**REPUBLIC OF GUYANA
CUSTOMS & EXCISE DEPARTMENT**

**CUSTOMS DECLARATION
(IMPORT/EXPORT)**

FORM C72

1. EXPORTER/CONSIGNOR (NAME ADDRESS) NO.				4. REGIME		FOR OFFICIAL USE															
				5. TOT. NO. OF PAGES																	
				6. TOT. NO. PKGS																	
2. IMPORTER/CONSIGNEE (NAME ADDRESS) NO.				7. TOT. OF ITEMS																	
				8. WAREHOUSE 9. T/SHEP																	
3. DECLARANT/AGENT NO.				10. FRONTIER OFFICE		11. CLEARANCE OFFICE															
				12. CURRENCY		13. EXCHANGE RATE		14. T.O.P.													
16. MEANS OF TRANSPORT				17 TRANS MODE		18 NATIONALITY		15. ADDITIONAL INFORMATION													
19 D.O.R. / D.O.D.		20. ROTATION NO		21 B/L OR AWB NO.																	
22. MANIFEST NO.		23. C.O.C./C.O.D.		24. ACCOUNT HOLDER																	
25. DESCRIPTION OF GOODS				27.C.P.C.		28. COMMODITY CODE						29. NET MASS (KG)		30. GROSS MASS (KG)							
26. MARKS & NOS.				31. SUPP. QTY (1)		32. COUNTRY OF ORIGIN		33. CUSTOMS VALUE (G\$)													
				34. DUTY/TAX TYPE		CODE		35. DUTY/TAX BASE		CODE		36. BASE AMOUNT \$		37. RATE		38. DUTY/TAX DUE \$		39. LICENCE NO. & EXPIRY DATE		40. SUPP. QTY (2)	
25. DESCRIPTION OF GOODS				27. C.P.C.		28. COMMODITY CODE		29. NET MASS (KG)		30. GROSS MASS (KG)											
26. MARKS & NOS.				31. SUPP. QTY (1)		32. COUNTRY OF ORIGIN		33. CUSTOMS VALUE (G\$)													
				34. DUTY/TAX TYPE		CODE		35. DUTY/TAX BASE		CODE		36. BASE AMOUNT \$		37. RATE		38. DUTY/TAX DUE \$		39. LICENCE NO. & EXPIRY DATE		40. SUPP. QTY (2)	
25. DESCRIPTION OF GOODS				27. C.P.C.		28. COMMODITY CODE		29. NET MASS (KG)		30. GROSS MASS (KG)											
26. MARKS & NOS.				31. SUPP. QTY (1)		32. COUNTRY OF ORIGIN		33. CUSTOMS VALUE (G\$)													
				34. DUTY/TAX TYPE		CODE		35. DUTY/TAX BASE		CODE		36. BASE AMOUNT \$		37. RATE		38. DUTY/TAX DUE \$		39. LICENCE NO. & EXPIRY DATE		40. SUPP. QTY (2)	
25. DESCRIPTION OF GOODS				27. C.P.C.		28. COMMODITY CODE		29. NET MASS (KG)		30. GROSS MASS (KG)											
26. MARKS & NOS.				31. SUPP. QTY (1)		32. COUNTRY OF ORIGIN		33. CUSTOMS VALUE (G\$)													
				34. DUTY/TAX TYPE		CODE		35. DUTY/TAX BASE		CODE		36. BASE AMOUNT \$		37. RATE		38. DUTY/TAX DUE \$		39. LICENCE NO. & EXPIRY DATE		40. SUPP. QTY (2)		41. NO. & TYPE OF PACKAGES		42. TOTAL DUTY/TAX
45. I/We hereby declare that the information and particulars mentioned herein are true and complete and accept fully the conditions and requirements attaching to the use of the C.P.C.s. mentioned herein. SIGNATURE AND DATE OF DECLARANT/AGENT				43. OTHER CHARGES								44. SUMMARY DUTY/TAX									
				CODE		DESCRIPTION		AMOUNT				THIS PAGE									
												DUTY/TAX B/F WD.									
												TOTAL OTHER CHGS.									
				VALIDATED FOR PAYMENT DATE								GRAND TOTAL PAYABLE									
				FOR COMPTROLLER OF CUSTOMS & EXCISE																	

WARNING: It is an offence under the Customs Act, Chapter 82:01 to make a false declaration. Severe penalties may be applied in cases where false declarations are made

<p>NOTICE OF EXPORTATION UNDER BOND</p> <p>I/We hereby give notice that I/We intend to export the goods listed overleaf on board the vessel / aircraft bound for by virtue of special/General Bond # dated Bond in force</p> <p>EXPORTER For Comptroller of Customs & Excise.</p>	<p>CERTIFICATE OF SHIPMENT The packages mentioned overleaf have been (a) received on board.</p> <p>MASTER/MATE DATE (b) examined or seen on board</p> <p>PROPER OFFICER DATE (c) shipped, satisfied</p> <p>PROPER OFFICER DATE</p>												
<p>RECEIPT INTO WAREHOUSE</p> <p>Received and Warehoused Packages into the state or Private Warehouse as described overleaf.</p> <p>CUSTOMS OFFICER DATE TIME</p>	<p>RELEASE/DELIVERY ORDER</p> <p>To the at Please deliver to the packages listed overleaf.</p> <p>CUSTOMS OFFICER DATE TIME</p>												
<p>RENT AND CHARGES</p> <p>FROM TO No. of month(s) No. of Pkg(s) Measurement(s)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">(A) DESCRIPTION</th> <th style="width: 33%;">(B) RENT</th> <th style="width: 33%;">(C) CHARGES</th> </tr> </thead> <tbody> <tr> <td>1) Rate per month</td> <td></td> <td></td> </tr> <tr> <td>2) Amount</td> <td></td> <td></td> </tr> <tr> <td colspan="3">AMOUNT PAYABLE</td> </tr> </tbody> </table> <p>OFFICER-IN-CHARGE WAREHOUSE ACCOUNT DATE</p>	(A) DESCRIPTION	(B) RENT	(C) CHARGES	1) Rate per month			2) Amount			AMOUNT PAYABLE			<p>MEMORANDA TO EXAMINING OFFICER</p>
(A) DESCRIPTION	(B) RENT	(C) CHARGES											
1) Rate per month													
2) Amount													
AMOUNT PAYABLE													
<p style="text-align: center;">RECORD OF EXAMINATION OF GOODS</p>													

Continued on Continuation Sheet No.

SCHEDULE "B."

Combined Certificate of Value and of Origin to be written, typed or printed on Invoice of Goods for Exportation from Guyana.

1) Here insert
Manager, Chief
Clerk, or as the
case may be,
2) Here insert
name of firm
or Company,
3) Here insert
name of city or
country,
4) These
words should
be omitted
where the
manufacturer
or supplier
himself signs
the Certificate.

(1) I,
of (2) of (3) Georgetown, Guyana, manufacturers
suppliers
of the goods enumerated in this invoice amounting to hereby declare that I
[(4) have the authority to make and sign this certificate on behalf of the aforesaid manufacturers
suppliers
and that I] have the means of knowing and do hereby certify as follows: -

VALUE.

1. That this invoice is in all respects correct and contains a true and full statement of the price actually paid or to be paid for the said goods and the actual quantity thereof.
2. That no arrangement or understanding affecting the purchase price of the said goods has been or will be made or entered into between the said exporters and purchaser or by anyone on behalf of either of them, either by way of discount, rebate, compensation or in any manner whatever other than as fully shown on this invoice, or as follows: (5).....
.....
.....**NONE**.....

ORIGIN.

(In the case of goods exported to Colonies not granting preference to British Goods the following portion of the Certificate dealing with origin should be struck out.)

Delete whichever of 3 (a) or 3 (b) is not applicable. If 3 (a) is used delete 4 and 5. If 3 (b) is used initiate required particulars in [4] and [5].

5) Here
insert
particulars of
any special
arrangement.

6] Insert
United
Kingdom" or
name of
other part of
British
Dominions.

3 (a) That every article mentioned in the said invoice has been wholly produced or manufactures in [6] GUYANA.

3 (b) That every article mentioned in the said invoice has been either wholly or partially produced or manufactured in (6) GUYANA.

4. As regards those Articles only partially produced or manufactured in (6)GUYANA.....

(a) That the final process or processes of manufacture have been performed in that part of the British Dominions.

(b) That the expenditure in material produced in (6)GUYANA..... And or labour performed in (6)GUYANA..... calculated subject to qualifications hereunder, in each and every article is not less than one-half of the factory or works cost of such article in its finished state. [See note]*

5. That in the calculation of such proportion of produce or labour of the (6)GUYANA..... none of the following items have been included or considered -

“Manufacturer’s profit or remuneration of any trader, agent, broker, or other person dealing in the articles in their finished condition; royalties, cost of outside packages or any cost of packing the goods thereinto; any cost of conveying, insuring, or shipping the goods subsequent to their manufacture.”

*Note: - in the case of goods which have at some stage entered into the commerce of or undergone a process of manufacture in a foreign country only that labour and material which is expended on or added to the goods after their return to the United Kingdom shall be regarded as the produce or manufacture of the United Kingdom in calculating the proportion of United Kingdom labour and material in the factory or works cost of the finished article.

Dated at Georgetown, Guyana, this day of19.....

Witness..... Signature.....

Georgetown, Guyana,19....

♦ State here general nature or class of goods

♦ Invoice of consigned by Georgetown, Guyana of to of to be shipped per Order Number.....

Country of Origin	Marks and Number of Packages	Quantity and Description of Goods	Selling Price to Purchaser		
			At	Amount	
G U Y A N A					

*To be completed only where Preferential Rates of Duty are claimed.

FORM OF APPLICATION FOR A LICENSE

(under the Industries Aid and Encouragement Act)

To the Comptroller of Customs.

I/We (a) -----, of -----, desire to import into Guyana the goods listed below for use solely in the project described in the Schedule hereto which will be operated at (b) ----- and hereby make application to the Minister for a licence to import such items under section 3 of the Industries Aid and Encouragement Act to enable the goods to be entered free of duty and free of Bill of Entry Tax.

List of Goods

Description of Goods	Country of Origin	Approximate Quantity	Approximate Cost

I/We declare the particulars set forth above to be true and that none of the goods in the above list will be used as replacements or renewals or for rehabilitation of existing plant or equipment.

(d)

Signed
Applicant

Dated at Georgetown, Guyana, this day of, 19.....

- (a) *Insert full name and address.*
- (b) *Precise situation of project.*
- (c) *If the goods are not of Commonwealth or Carifta manufacture or production a separate note should be submitted explaining why the goods were not obtained from Commonwealth or Carifta sources.*
- (d) *To be signed by an individual or, in the case of a private company or firm by one of the partners, or in the case of any other company by a director or by a secretary, or by an employee authorised by one of the aforementioned persons.*

1. Name of Business, Company or Undertaking
2. Address
3. Invested capital and proprietorship of the business (i.e., particulars of shares, debentures and domicile of the principle proprietors)
4. Date of the formation or proposed formation of the business, company or undertaking
5. Purpose for which the company or business is or has been formed including an extract where appropriate from the memorandum and/or articles of association and a description of the process of production which is to be employed
6. Date on which production is likely to commence or did commence with figures of
- a. estimated and actual (if any) output
- b. estimated and actual (if any) consumption of principal materials
- c. number of workers estimated to be or actually (if any) employed in Guyana
7. Statement as to the market or markets in which the output is to be sold indicating in particular where that market obtains its present supplies and whether there or any product directly competitive with that manufactured by the applicant is produced in Guyana and, if so, where

EXHIBIT A-5**ENVIRONMENTAL PROJECTION AGENCY**

- Application for Environmental Permit
- Environmental Impact Assessment Review Checklist
- Generic Environmental Impact Assessment Guidelines
- List of Project Requiring Environmental Impact Assessment



Environmental Protection Agency

Application for Environmental Permit in the Cooperative Republic of Guyana

Reference Number:

This Application Form must be completed for consideration as to whether an Environmental Permit will be required for implementation of new developments/projects.

Notes to the Applicant

- This Form must be completed in block capitals or type written and submitted in duplicate along with the information requested to:

**The Operations Director
Environmental Protection Agency
IAST Building
U.G Campus, Turkeyen
Greater Georgetown
GUYANA
Fax.: (592)-22-2442
E.mail: epa@sdpn.org.gy**
- A non-refundable fee of US\$40.00 or its equivalent in Guyanese dollars is required for the processing of this Application. This fee should be made payable to the Environmental Trust Fund c/o Environmental Protection Agency at the above address.
- **All questions must be answered and the requested information submitted before this Application can be processed. Please use separate sheet(s) for answers to any or all questions.**
- The EPA should be immediately notified in writing of any change(s) in the details provided in this Application Form which occurs after a decision by the EPA has been made. Failure to do so may result in an offense under the Environmental Protection Act, 1996.
- No construction or other type of work is allowed to be carried out at the proposed site until permission has been granted by the Environmental Protection Agency.

EPA Revised January 2000

Applicant Name:
Project Title:

01

APPLICATION

1. Name of Applicant:

Address:

Tel.: _____

Fax.: _____

E.mail: _____

2. Project Title:

3. Sector (check all that apply):

Agriculture ☐

Energy ☐

Forestry ☐

Mining ☐

Infrastructure ☐

Water and Sanitation ☐

Commercial ☐

Tourism ☐

Housing ☐

Other, please specify: _____

4. Proposed location of project/development: _____

Please state alternative location if any: _____

5. Name the Local Authority under whose jurisdiction the proposed project/development location falls.

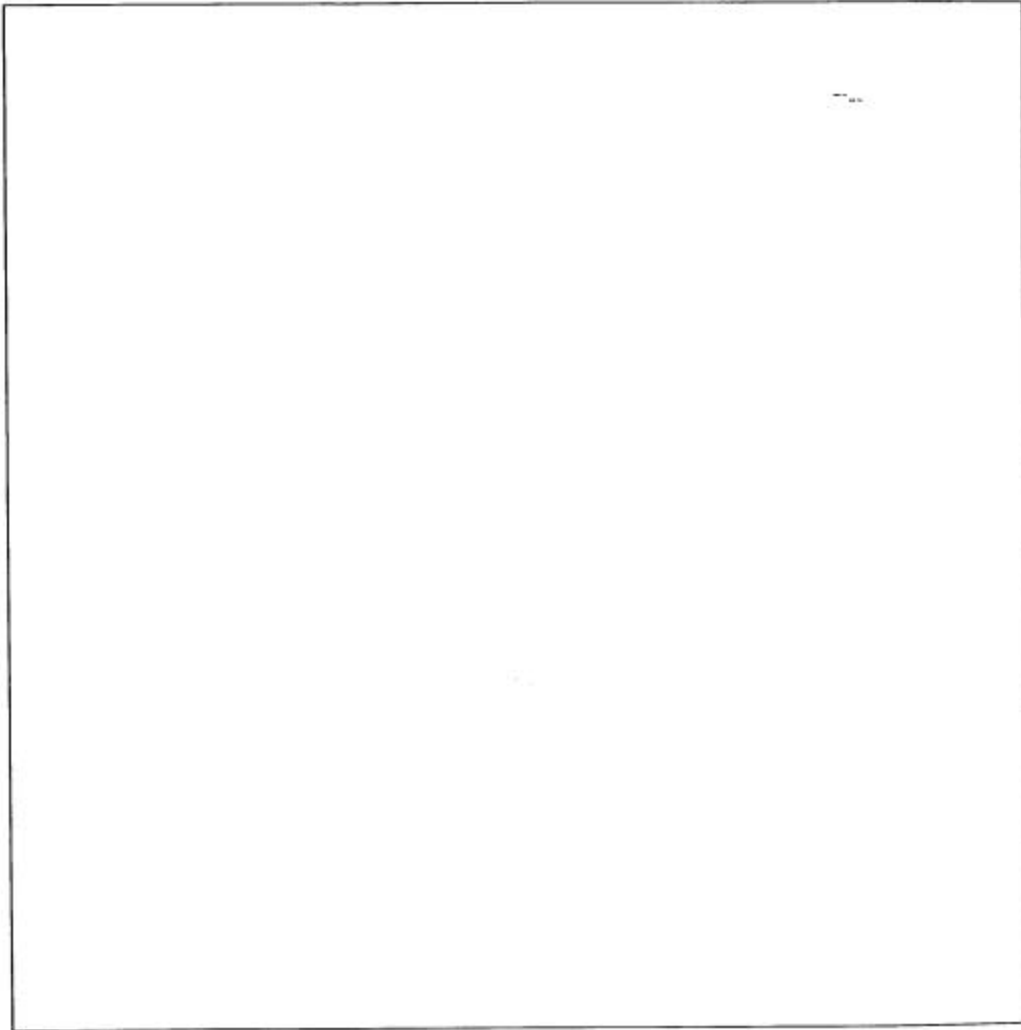
*Include a letter of approval for the proposed location from the relevant Local Authority.

1

Applicant Name:
Project Title:

6. Project Summary

- (a) Provide a detailed description of the proposed project including definition of the project area, layout, description of present land use of proposed site, land requirements.
- * Attach draft site designs, layouts, etc of the project.

A large, empty rectangular box with a thin black border, intended for the applicant to provide a detailed description of the proposed project, including definitions, layouts, and land requirements as specified in the instructions above.

Applicant Name:
Project Title:

(b) Provide a rationale/justification for the proposed project and its sustainability

1. The project is a research study on the impact of climate change on the environment. The study will be conducted in a controlled environment and will involve the use of advanced scientific equipment. The results of the study will be used to inform policy and practice. The project is expected to be completed within a year and will be funded by a grant from the National Science Foundation.

Applicant Name:

Project Title:

- (c) State the size of the project and production. Describe in details the project phases; size of workforce for each phase; and proposed production processes; time schedule for project implementation and proposed duration of project.

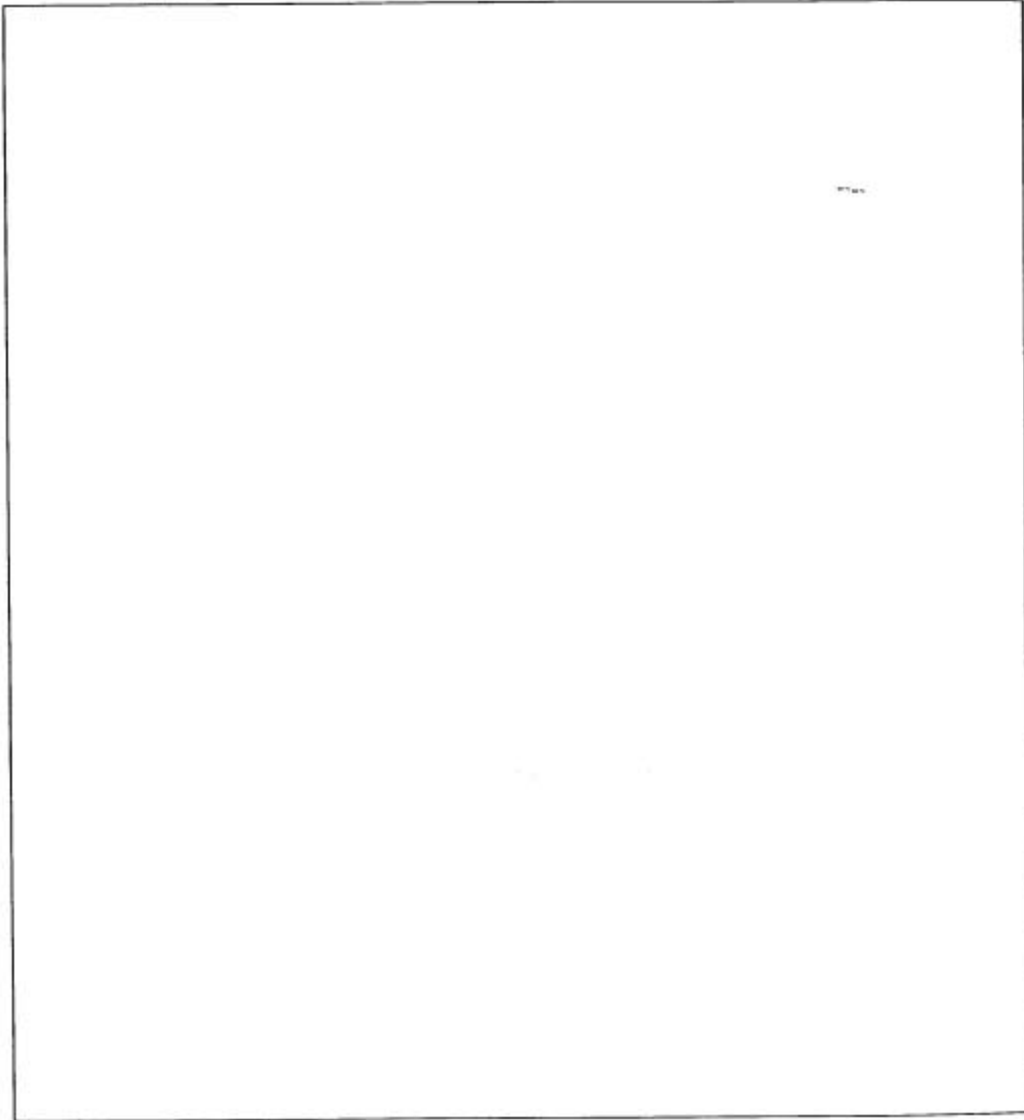
Applicant Name:
Project Title:

(d) Economic and Financial Statement.

Provide an economic and financial justification for the proposed project; total project investment and sources of financing; brief description of the market demand and revenue projection; financial analysis of the proposed project.

Applicant Name:
Project Title:

- (e) Draw below a map describing the area in relation to other land uses around the proposed project site.

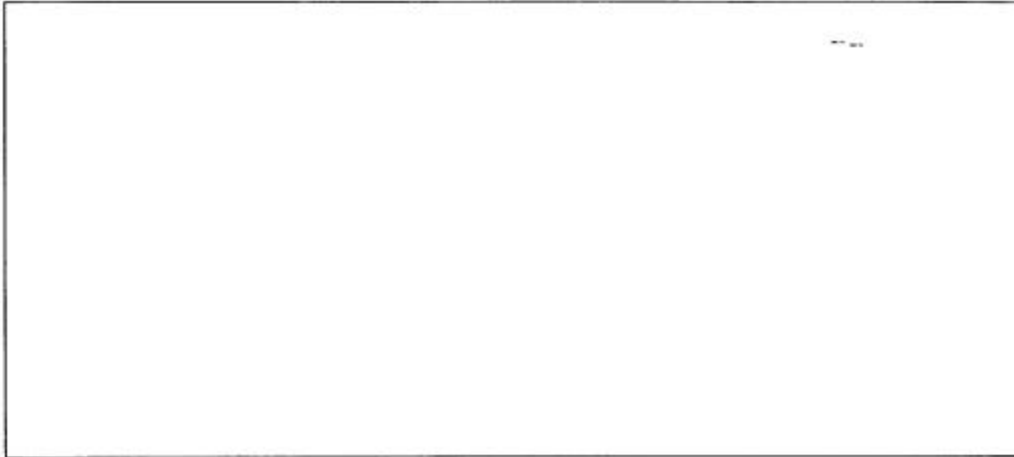


Applicant Name:
Project Title:

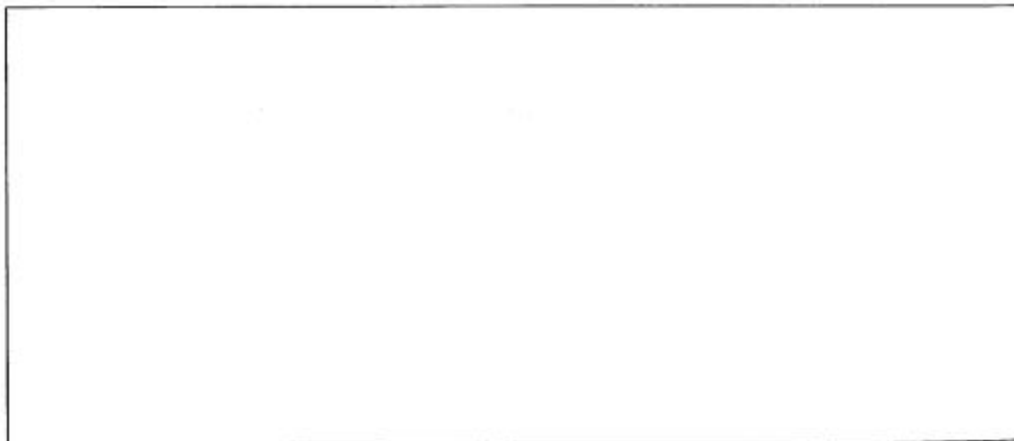
7. Describe the possible effects that the proposed project is foreseen to have on the environment and in each environmental component (physical and socio-economic) describe in detail the measures (mitigation) you intend to take to reduce or control the adverse environmental effects associated with the project.

Environment includes:

- Physical e.g: soil composition, topography (land features of the region), air, surface and groundwater quality



Proposed mitigation measures:

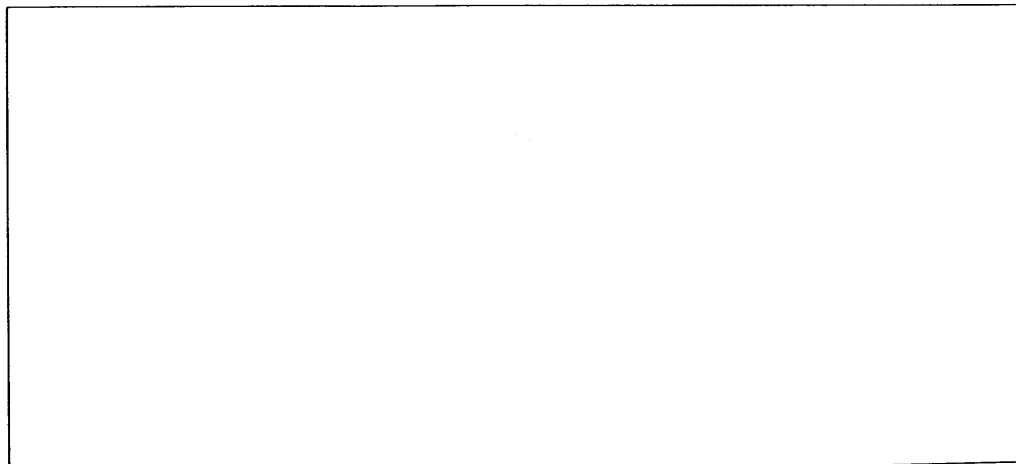


Applicant Name:
Project Title:

- Biological *e.g* : terrestrial plants and animals present in the proposed area, aquatic plants and animals, habitats



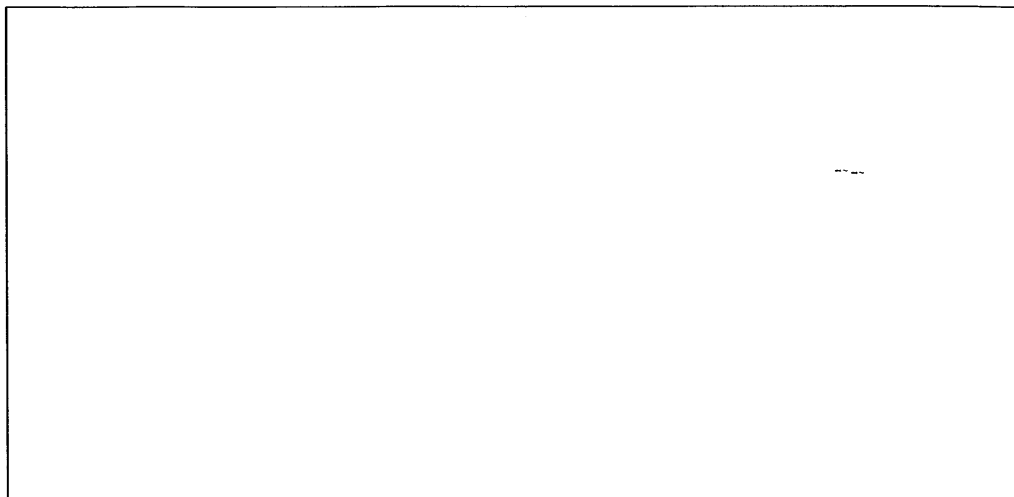
Proposed mitigation measures:



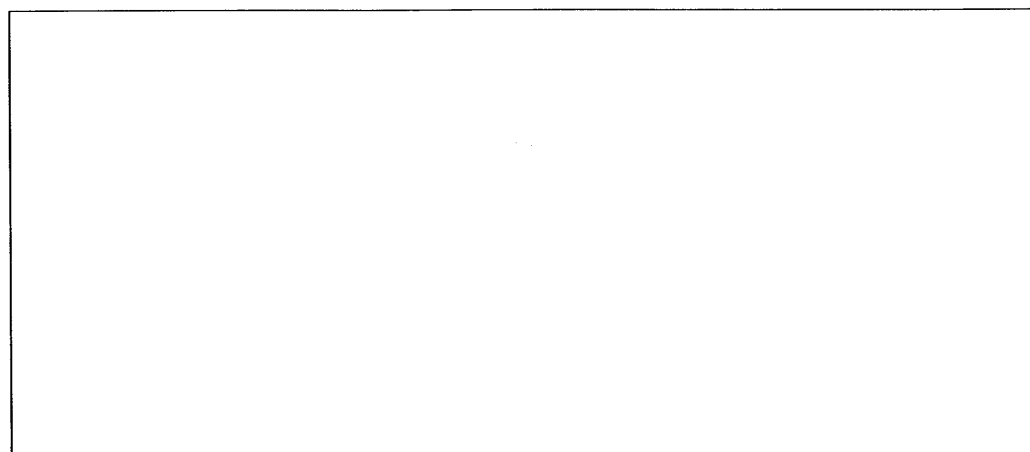
Applicant Name:

Project Title:

- **Socio-economic *e.g.* present land use, health, income, communities, cultural sites**

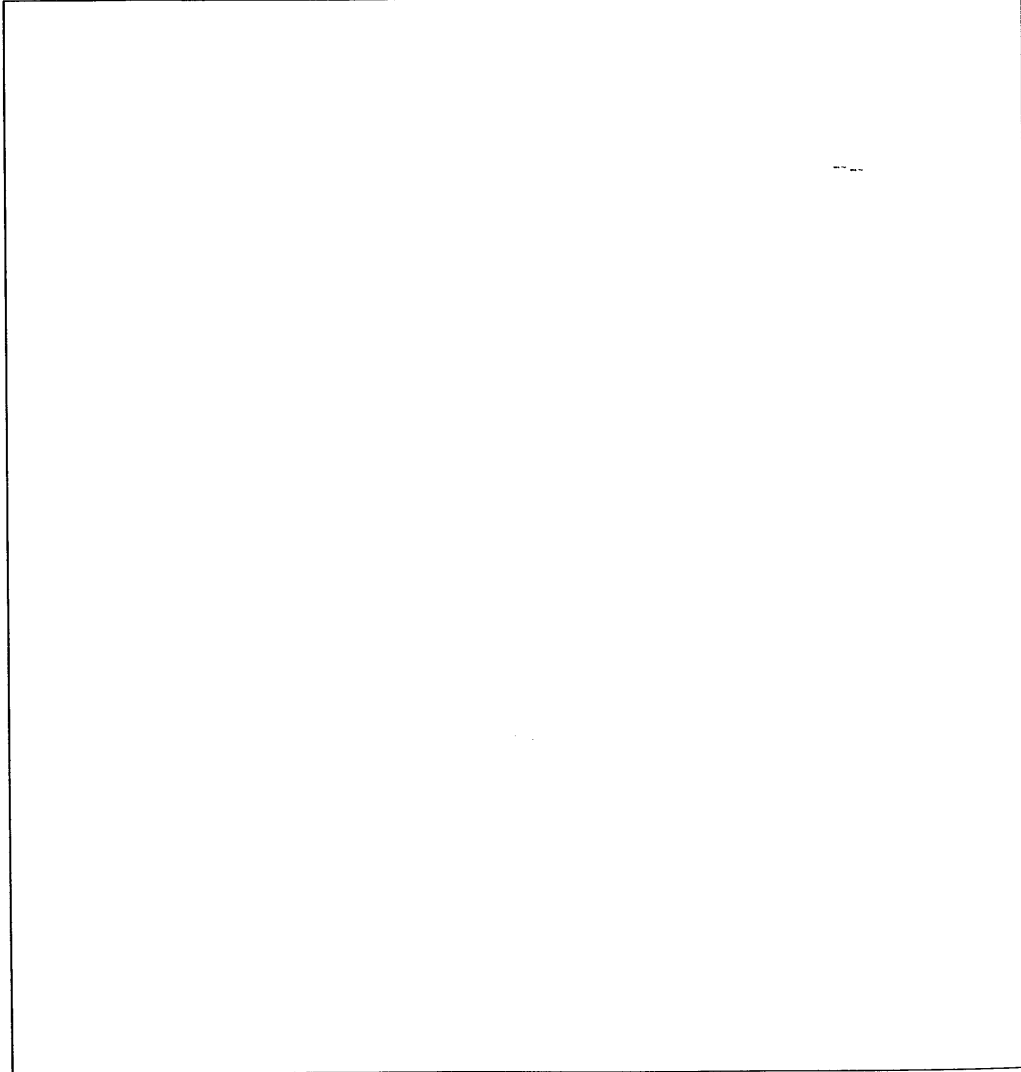
A large, empty rectangular box with a black border, intended for the applicant to provide details about their project, such as land use, health, income, communities, and cultural sites.

Proposed mitigation measures:

A large, empty rectangular box with a black border, intended for the applicant to describe their proposed mitigation measures.

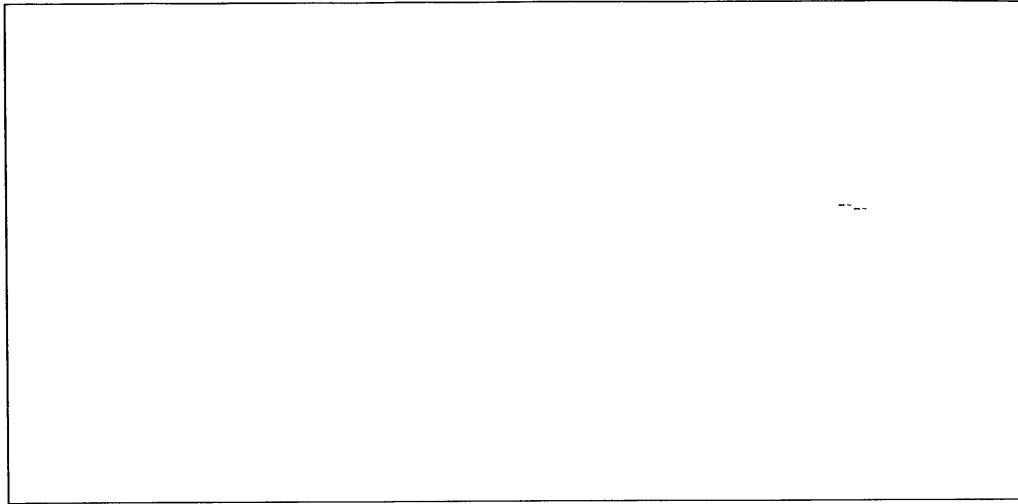
Applicant Name:
Project Title:

9. Provide a non-technical (simplified) explanation of the proposed project/development.



Applicant Name:
Project Title:

10. Further comments by Applicant:



11. Declaration

I hereby declare that the information provided in this Application Form is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Applicant Name:
Project Title:

For Official Use Only

1. Date of Submission: _____
 2. Application fully completed, all requested information attached: YES ☐ NO ☐
 3. Application Fee Paid: YES ☐ NO ☐
 4. Additional Information Required: _____

 5. Date of Review by EPA: _____
 6. For Review by Sector Agency: _____
 7. Comments:
 8. Environmental Impact Assessment Required: YES ☐ NO ☐
 9. Environmental Permit Granted: YES ☐ NO ☐
 10. Environmental Permit Fee Paid: YES ☐ Date of Payment: _____
- Amount Paid: _____



List of Projects requiring Environmental Impact Assessment (EIA)

***Note:** This list gives only the categories of projects that may require EIA. Whether a project will significantly affect the environment or not depends on a number of factors, including the scale, geographical location and nature of the project. Detailed information will be required from the developer before a decision will be made as to whether an EIA will be necessary. Completion of the application form for Environmental Permit will provide the Agency with the necessary information to enable decision making.*

Infrastructure

1. Port and harbour development
2. Construction and operation of housing estates
3. Construction of roads and highways
4. Construction of bridges
5. Development of industrial complexes/estates
6. Airport expansion and/or development
7. Development of hospitals
8. Development of water distribution facilities and pipeline systems

Service Industries

9. Service/gas stations
10. Laundry facilities
11. Cremation facilities
12. Funeral parlours
13. Abattoirs
14. Water treatment facilities
15. Water management projects (dams, sluices, kokers, drain construction)
16. Power generation plants (including the use of fuels such as biomass and other renewable sources)
17. Hydropower development
18. Development of resorts (eco-tourism or otherwise)
19. Construction and operation of hotels, guest houses or inns of more than 10 rooms
20. Establishment of parks, nature trails and recreational facilities

Processing plants

21. Pulp and paper processing plants

Revised 17 February 2000

- 22. Food processing plants (including meat)
- 23. Distilleries, breweries and beverage manufacture
- 24. Oil processing plants
- 25. Textile mills
- 26. Petroleum processing/petrochemical plants
- 27. Cement production/bagging plants
- 28. Paint manufacturing
- 29. Pharmaceuticals manufacture
- 30. Asphalt plants
- 31. Tanneries
- 32. Metal processing/recycling plants
- 33. Chemical processing/manufacturing plants

Mining/Mineral Processing

- 34. Mining (sand, bauxite, loam, gold, diamond, rock)
- 35. Metal and mineral processing

Agriculture

- 36. Sugar manufacture and refining
- 37. Rice processing plants
- 38. Agricultural developments greater than 500 acres
- 39. Livestock husbandry and production
- 40. Mariculture/aquaculture facilities

Wood Processing

- 41. Logging
- 42. Plywood manufacture
- 43. Sawmill and wood processing
- 44. Furniture manufacturing

Waste Handling

- 45. Facilities which store, treat and/or dispose of wastes (including hazardous, domestic, agricultural, industrial, commercial wastes)
- 46. Recycling facilities
- 47. Landfill sites
- 48. Incinerators

Other

- 49. Dredging activities
- 50. The release, use or keeping of genetically modified organisms

Revised 17 February 2000

EXHIBIT A-6**FOOD AND DRUG DEPARTMENT**

- Pharmacy and Poisons Inspection Form
- Cosmetic Bond Inspection Form
- Food Factories Inspection Form
- Storage bond Inspection Form

PHARMACY AND POISONS BOARD GUYANA
1 MUDLOT KINGSTON,
GEORGETOWN
TEL: 02-63711/56482

INSPECTION FORM : COMMUNITY PHARMACY/HOSPITAL PHARMACY
INSPECTION AUTHORITY: PHARMACY AND POISONS ACT 1956.
DATE OF INSPECTION :
REGION # :
NAME OF ESTABLISHMENT :
BUSINESS ADDRESS :
TELEPHONE/FAX :
PHARMACIST IN CHARGE:

PRESCRIPTION DEPARTMENT HOURS

	MON	TUES	WED	THUR	FRI	SAT	SUN
OPEN							
CLOSE							

TIME INSPECTION STARTED:
TIME INSPECTION ENDED:

IS PHARMACIST/S CURRENTLY REGISTERED WITH THE BOARD OF PHARMACY?
YES NO

LICENCE # OF PHARMACIST:
NAMES OF PHARMACISTS:

1.
2.
3.
4.

NAMES OF PHARMACY ASSISTANTS SUPERVISED BY PHARMACIST

1.
2.
3.
4.

ARE PHARMACY ASSISTANTS QUALIFIED/TRAINED? YES NO

01. Is current Pharmacy permit prominently displayed?

02. Is current Registration Certificate of Pharmacist-in-charge conspicuously displayed? Are the relevant Registration Certificates conspicuously displayed?

03. Is the Board of Pharmacy notified in writing of current Rx Department manager?
04. Is the premise currently registered for storage/sale of dangerous drugs?
05. Is the Rx Department hours open for business posted?
Is the Rx department open a minimum of 40 hours a week?
06. Is the Pharmacist on duty when the Rx department open?
07. Is sign displayed 'Rx Department closed' if the business premise is open and Rx Department is closed?
08. Are Pharmacy Assistants/Interns properly identified?
09. Are Pharmacy Assistants properly supervised?
010. Are all Rx drugs within the Rx Department?
011. Is Rx Department clean and safe?
012. Is there sink/running water convenient to Rx Department?
013. Is there drug refrigeration storage in Rx Department?
014. Is Rx Department properly ventilated and lighted?
015. Is Rx balance in place?
016. Is a tablet counter in use?
017. Are medications properly labelled?
Are approved English translations provided where necessary?
Is there an expiration date on Rx label?
Is date dispensed printed on Rx envelopes?
Does the Rx label/record identify the responsible dispensing Pharmacist/Pharmacy?
.....
018. Are all Rx registers/records updated?
019. Are all expired/outdated and damaged Pharmaceuticals removed from active stock?
Is stock rotation practised?
020. Is there a drug Formulary available in the Pharmacy?
Are other references available?
021. Are Pharmaceutical records for prescription/controlled substances maintained for 2 years?
.....

022. Are all advertisements approved by the Food & Drug Dept. and Pharmacy & Poisons Board?

QUESTIONS WITH * MAY BE ANSWERED N/A (NOT APPLICABLE)

- * Is the premise currently registered for DDA substances?
- * Is there proper storage of controlled substances within Rx Department?
- * Are controlled substance records readily available?
- * Are the initials of the pharmacist filling the controlled substance Rx in place?
- * Is the Patient's name/address on controlled substance Rx?
- * Is the prescriber's name/address on controlled substance Rx?
- * Do all controlled substance prescriptions have the name of the drug prescribed, quantity and directions for use?
- * Is the date the controlled substance Rx was filled on Rx?
- * Is the date of refills on controlled substance Rx?
- * Is controlled substance refill limited to 5 in 6 months?
- * Is controlled substance inventory taken on an annual basis and available for inspection?

I have read this inspection report and the laws and regulations concerned herein have been explained to me and the necessary advice on corrective action given. I hereby certify that the information given here is true and correct to the best of my knowledge.

.....
PHARMACIST

.....
DATE

.....
OWNER/MANAGER

.....
DATE

FOR OFFICIAL USE ONLY

RATING:

GOOD

ACCEPTABLE

UNACCEPTABLE

REMARKS:.....
.....
.....
.....
.....

INSPECTORS SIGNATURE:

1.
2.
3.

DATE:

REPORT ON INSPECTION**COSMETIC BOND**

NAME OF IMPORTER

ADDRESS OF IMPORTER
.....ADDRESS OF BOND
.....

DATE OF INSPECTION

PHYSICAL INFRASTRUCTURE**EXTERNAL APPEARANCE**

FREE OF LITTER, SPILLAGE, INCUT VEGETATION:

ACCESS:

POTENTIAL NUISANCE:

INTERIOR APPEARANCE

IN GOOD REPAIR:

CONDITION OF FLOOR, WALLS AND CEILING:

SIZE OF BOND:

TYPE OF FLOOR, WALLS, CEILING:

STORAGE

ADEQUATE LIGHTING

ADEQUATE VENTILATION

ADEQUATE TEMPERATURE

TYPE OF VENTILATION:

TEMP. MEASURING DEVICE PRESENT:.....

DISCARDED MATERIALS PRESENT:

PROPERLY STOCKED (FOR AIR CIRCULATION):

STORED AT LEAST 18" FROM WALLS:

AISLE PRESENT BETWEEN ROWS:

PALLETES AT LEAST 6" HIGH:

EVIDENCE OF PESTS:

EVIDENCE OF EXPIRED COSMETICS:

METHOD OF DISPOSAL OF EXPIRED COSMETICS:

FOREIGN LABELLED COSMETIC WITHOUT ENGLISH TRANSLATION:
.....

PEST CONTROL

METHODS:

- iv. PHYSICAL
- v. CHEMICAL
- vi. BIOLOGICAL

FIRM CONTRACTED (IF ANY):

SUPERVISION:

RECORDS ADEQUATE:

PESTICIDE USED:

RECORD KEEPING

WRITTEN:

COMPUTERISED:

RECENT RECALL/EFFICIENCY:

RECOMMENDED/NOT RECOMMENDED

.....
SIGNATURE OF INSPECTOR

.....
DATE

GOVERNMENT ANALYST FOOD & DRUG DEPARTMENT

P.O. Box 1019

Mudlot, Kingston, Georgetown, Guyana

Telephone: 63711 & 56482

REPORT ON INSPECTION**(FOOD FACTORIES)**

- (1) Name of Business/Owner
- (2) Address of Business/Owner
- (3) Address of Factory
- (4) Date of Inspection
- (5) Products Manufactured
(main process lines)

(1) CONDITIONS FOUND**(A) EXTERNAL ENVIRONMENT/STRUCTURE**

- (i) Access
- (ii) Drainage
- (iii) Yard
- (iv) Nuisance
- (v) Painted
- (vi) Repair

(B) RAW MATERIALS BOND

- (i) Ventilation
- (ii) Temperature
- (iii) Lighting
- (iv) Pests
- (v) Pallets
- (vi) Extraneous Materials

(vii)	General Cleanliness	
(viii)	Stock Rotation	
(ix)	Bin Cards	
(x)	Records	
(C)	PROCESSING	
(i)	Supervision	
(ii)	Condition of Equipment/Utensils	
(iii)	Temperature gauges/records	
(iv)	Suitable Materials (Equipment, Utensils)	
(v)	Work surfaces	
(vi)	General Cleanliness	
(vii)	Monitoring of CCP's	
(D)	<u>PACKAGING MATERIALS</u>	
(i)	Storage	
(ii)	Washing (bottles)	
	(a) method	
	(b) temperature	
	(c) caustic strength	
	(d) chlorine strength	
	(e) other	
(E)	<u>FINISHED PRODUCTS BOND</u>	
(i)	Ventilation	
(ii)	Temperature	
(iii)	Lighting	
(iv)	Pallets	
(v)	Pests	

(vi)	General Cleanliness
(vii)	Stock Rotation
(viii)	Records
(ix)	Transportation
(F)	WATER SUPPLY
(i)	Adequate
(ii)	Treated
(iii)	Method of Treatment
(iv)	Storage
(G)	WASTE DISPOSALS
(i)	Liquid system (method)
	condition (repair)
(ii)	solid storage
	Method of Disposal
	Frequency
(H)	SANITARY FACILITIES
(i)	Toilet facility
	adequate
	location
	condition
(ii)	Hand washing/sanitising suitable method
	sanitation notice posted
(iii)	Changing Room facility
	location
	adequate

(I) PERSONNEL

- (i) Supervision
- (ii) Appearance
- (iii) Attirement
- (iv) Conduct
- (v) Have food handlers ID Card

(J) PEST CONTROL

- (i) Method
- (ii) Storage of agents
- (iii) Firm contracted (if any)
- (iv) Last visit (date) findings
- (v) Records
- (vi) Supervision (trained personnel)

(K) SANITATION

- (i) Supervision
- (ii) Cleaning agents used
- (iii) Storage of agents
- (iv) Cleaning method effective
- (v) Cleaning schedule adequate
- (vi) Record keeping

(L) FACTORY RECORDS

- (i) Satisfactory
- (ii) Up to date
- (iii) Written recall procedure

(M) QUALITY CONTROL

.....
.....
.....

(2) ACTION TAKEN

- (a) Violation Notice served
- (b) Closure Advice Given
- (c) Articles seized
- (d) Items to be recalled
- (e) Samples taken
- (i) Official
 - (ii) Unofficial

(3) REMARKS

.....
.....
.....
.....

.....
Signature of Inspector

.....
Date

GOVERNMENT ANALYST FOOD & DRUG DEPARTMENT

P.O. Box 1019

Mudlot, Kingston, Georgetown, Guyana

Telephone: 63711 & 56482

REPORT ON INSPECTION**(STORAGE BOND)**

- (1) Name of Importer
- (2) Address of Importer
- (3) Address of Bond
- (4) Date of Inspection
- (5) Products Imported

(6) PHYSICAL INFRASTRUCTURE**(C) EXTERNAL APPEARANCE**

- (i) Free of litter, spillage, incut vegetation
- (ii) Access
- (iii) Potential Nuisance

(D) INTERIOR

- (i) Structure in good repair
- (ii) Painted
- (iii) Floor drain adequate

(7) SORTING AREA

- (a) Suitably located
- (b) Adequately lighted

(8) FOOD STORAGE**(A) Refrigerated & Frozen Storage**

- (i) Temperature Adequate

Refrigeration	-	4° C (40° F) or below
---------------	---	-----------------------

Frozen	-	-18° C (0° F) or below
--------	---	------------------------

- (ii) Temp. measuring device present
- (iii) Properly stacked (for air circulation)
- (iv) Extraneous Materials present

- (B) DRY STORAGE
- (i) Adequate Lighting
- (ii) Adequate Ventilation
- (iii) Air conditioned for sensitive foods
(eg: dairy products, confectioneries, processed cheese)
- (iv) Stored at least 18" from walls
- (v) Aisle present between rows
- (vi) Pallets (at least 6" high)
- (vii) Extraneous Materials
- (viii) Evidence of Pests

- (C) DAMAGED GOOD STORAGE
- (i) Separate from other foods
- (ii) Evidence of Pests

- (D) STOCK ROTATION
- (iii) Is 'first in – first out' system practised
- (ii) Warehouse code dating

- (9) SANITATION
- (a) Written Cleaning schedule
- (b) Supervision
- (c) Storage of cleaning agents/equipment

- (9) PEST CONTROL
- (a) Methods
 - (i) physical
 - (ii) chemical
 - (iii) biological
- (b) Firm contracted (if any)

- (c) Supervision
- (d) Records Adequate Changing
- (11) Record keeping (stock) - (i) written
- (ii) computerised
- Up to date

.....
Signature of Inspector

.....
Date

EXHIBIT A-7

FOREIGN CURRENCY

- Application for License
- Conditions of the Dealers in Foreign Currency License

Form 1**“APPLICATION FOR LICENCE TO CONDUCT THE BUSINESS OF BUYING AND SELLING FOREIGN CURRENCY”****DEALERS IN FOREIGN CURRENCY
(LICENSING) ACT 1989
(No. 19 of 1989)****The Governor
Bank of Guyana
Georgetown**

1. I, the undersigned, acting as principal or duly authorised agent on behalf of or chief executive officer of
.....
being duly empowered, hereby apply for a licence to conduct the business of buying and selling foreign currency.

2. (i) **If applicant is an individual:**

- (a) Name and Address of applicant

Name**Address**

.....

.....

.....

- (b) Nationality, Occupation and National Identity Card Number of the applicant.

Nationality**Occupation****I.D. No.**

.....

.....

.....

(ii) **If application is by a partnership firm:**

- (a) Names and Addresses of partners

Names**Addresses**

.....

.....

.....

.....

.....

.....

(b) Nationality, Occupation and Identity Card Numbers.

Nationality	Occupation	I.D. No.
.....
.....
.....

(iii) If application is by a company or other body corporate:**(a) Name and Address of its registered or principal office and Place and Date of Incorporation**

Name	Address	Place and Date of Incorporation
.....
.....

(b) If incorporated outside of Guyana, Name Nationality and Address of duly authorised agent in Guyana.

Name	Nationality	Address
.....
.....

(c) Nature of the business

.....

(d) Names and Addresses of the Directors or Principal Officers

Names	Addresses
.....
.....
.....
.....

3. Address of the premises where the applicant intends to carry on the business of buying and selling foreign currency.

.....
.....

4. Names and Addresses of two references in Guyana to whom the applicant is personally known

Names**Addresses**

.....
.....

5. State reasons why applicant wants to establish the business

.....
.....
.....
.....
.....

6. State particulars of how the applicant proposes to finance the business (own funds, borrowed funds, others specify)

.....
.....
.....

(Signature)

(Date)

Form 3**APPLICATION FOR RENEWAL OF LICENCE**

**DEALERS IN FOREIGN CURRENCY
(LICENSING) ACT 1989
(No. 19 of 1989)**

1. Applicant's name and address in full.

Name**Address**

.....

.....

2. Number and date of the licence sought to be renewed.

Licence Number**Date**

.....

.....

3. (a) State whether the above-mentioned licence was previously renewed and if so, the date/dates on which the licence was renewed over the past five years.

.....

.....

.....

- (b) State whether an application for the renewal of the licence was refused at any time and if so, the date/dates of refusal.

.....

.....

4. Address of the premises where the applicant intends to carry on the licensed business.

.....

Signature of Applicant

Date

Form 4

**APPLICATION FOR APPROVAL TO SHIFT LICENSED
BUSINESS TO PREMISES OTHER THAN PREMISES
SPECIFIED IN LICENCE**

**DEALERS IN FOREIGN CURRENCY
(LICENSING) ACT 1989
(No. 19 of 1989)**

1. Applicant's name and address in full.

Name

Address

.....

.....

2. Number and date of the licence granted to applicant under the Dealers in Foreign Currency (Licensing) Act 1989 (No. 19 of 1989).

.....

3. Date on which the licence was last renewed, if the licence was renewed.

.....

4. Address of the premises at which the licensed business is being carried on.

.....

5. New address of the premises to which applicant desires to shift the licensed business.

.....

6. Reason(s) for change of address of the premises

.....

.....

.....

.....

Signature of applicant

Date

Made this 22nd day of March, 2000.

**Governor (ag.)
Bank of Guyana**

FOREIGN EXCHANGE MARKET INFORMATION SYSTEM (FEMIS) FORM IV

Name of Licensed Dealer						Date			
<u>PURCHASES</u>				<u>SALES</u>					
	US\$	£	CDN\$		US\$	£	CDN\$		
NOTES									
Closing rate				Closing rate					
Weighted Rate				Weighted Rate					
Volume				Volume					
OTHER									
Closing rate				Closing rate					
Weighted Rate				Weighted Rate					
Volume				Volume					
TOTAL RETAIL VOLUME									
Purchases				Sales					
CARICOM TRANSACTIONS									
	TT\$	Bdos\$	J\$	EC\$		TT\$	Bdos\$	J\$	EC\$
Weighted Rate					Weighted Rate				
Volume					Volume				
OPENING BALANCES		US\$		£		CDN\$			
CLOSING BALANCES		US\$		£		CDN\$			

Name of Officer: _____

Signature: _____

Time of despatch to BoG: _____

Conditions of the Dealers in Foreign Currency Licence for Non-Banks Cambios

In accordance with Section 7 of the Dealers in Foreign Currency (Licencing) Act 1989, No. 19 of 1989 as amended by the Dealers in Foreign Currency (Licencing) (Amendment) Act 1995, No. 9 of 1995, this Dealer in Foreign Currency Licence is issued on the condition that the "licensee" does the following:

- 1) Applies for permission, in the event that it is deemed necessary, to relocate the licensed business to another premises other than the premises specified in the licence. (Form 4)
- 2) Issues the original receipts for all foreign currency bought and retains the duplicate copy as a permanent record for examination purposes. Retains the original receipts for all foreign currency sold as a permanent record for examination purposes and issues the duplicate copy to the purchasers.
- 3) Displays at a prominent place on the licensed premises:
 - a) the name of the cambio;
 - b) the working hours of the cambio; and
 - c) the price at which the licensee buys or sells any foreign currency from/to the public.
4. Maintains proper accounts in which the following shall be recorded:
 - a) the amount of each foreign currency purchased by the licensee each day and the price paid therefor;
 - b) the amount of each foreign currency sold by the licensee each day and the price received therefor;
 - c) the opening and closing balances each day in respect of each foreign currency held by the licensee; and
 - d) any other particulars that the Bank may prescribe.
5. Maintains records in respect of each day showing the price determined by the licensee, for the purchase and sale of each foreign currency, bought and sold at the opening and closing of the business for that day.
6. Submits to the Bank daily Foreign Exchange Market Information System (FEMIS) Forms IV before 10:00 a.m. on the business day following that to which the report relates.
7. Submits to the Bank weekly returns specified in Form 5, 6, 7 and 8 of Regulations No. 3 of 1990 made under the Dealers in Foreign Currency (Licencing) Act 1989, No. 19 of 1989.

8. Produces accounts, books, records and documents relating to the licensed business or likely to contain evidence of the contravention of the Dealers in Foreign Currency (Licencing) Act 1989, No. 19 of 1989, for examination by any officer authorised by the Bank, during the hours the licensed premises are ordinarily opened for business.
9. Complies with the requirement of not engaging in the business of lending or borrowing or accepting deposits of Guyana dollars or any other currency.
10. A licence granted to a licensee may be revoked or suspended if he:
 - a) has ceased to carry on the licensed business for a period of not less than six months;
 - b) has contravened, or failed to comply with, any conditions subject to which the licence was granted or any provision of the Dealers in Foreign Currency (Licencing) Act 1989, No. 19 of 1989.

EXHIBIT A-8

GUYANA BUREAU OF STANDARDS

- Import Quality Control Programme Application
- Import Quality Monitoring Programme Guidelines

**GUYANA NATIONAL BUREAU OF STANDARDS
IMPORT QUALITY CONTROL PROGRAM
APPLICATION FORM**

REF NO.: _____

Application in hereby made to participate in the IMPORT QUALITY CONTROL PROGRAM.

1. Name of Business: _____
(Block Letter)
_____ Reg. No.: _____

2. Business Address: _____

Tel No.: _____ Fax No.: _____

3. Owner/ Manager Name: _____
(Block Letters)

4. Home Address: _____

Tel No.: _____ Fax No.: _____

5. The Applicant is engaged in:
☐ Electrical/ Electronic Appliances ☐ used Tyres ☐ Textiles ☐ Garments
☐ Footwear ☐ Safety Matches ☐ Weighing and Measuring Devices
☐ Mosquito Coils ☐ Gas Stoves ☐ Paints ☐ Computer and Peripheral Devices
☐ P.V.C. Pipes ☐ Safety Helmets

6. Types of Business:
☐ Manufacture ☐ Import ☐ Wholesale ☐ Retail

7. List commodities imported: Type, Models (brand names), Name and Address of Supplier, Country of Origin, Characteristics (new/ used/ seconds).

(i) _____
(ii) _____
(iii) _____
(iv) _____
(v) _____
(vi) _____

(Use additional sheet if required)

8. Technical Expertise available:

Name: _____

Address: _____

Tel No.: _____ Fax No.: _____

Qualification(s): _____

Experience: _____

Contracted []

Full-time []

9. Do you have a workshop to service your business operation?

Yes [] No [] N/A []

If yes, please state

Address of workshop: _____

Tel No.: _____ Fax No.: _____

10. (a) Will warranties be provided to customers?

Yes [] No [] N/A []

If Yes, state duration per product.

(list on separate sheet).

(b) Will any after sale service be available?

Yes [] No [] N/A []

11. Do you have adequate storage premises for your product(s)?

Yes [] No []

If yes, state address of premises if different from (2) above.

Signature of Applicant_____
Date

Note: Cash or cheque to amount of Fifteen thousand dollars (\$15,000.00) non-refundable made payable to the Guyana National Bureau of Standards (GNBS).

FOR OFFICIAL USE ONLY☐ Registration fee received☐ Assigned Number: GNBS _____☐ Registration Certificate Issued☐ Database Updated _____

Signature: _____

Signature: _____

Date: _____

Date: _____

GUYANA NATIONAL BUREAU OF STANDARDS



IQM 3/00

IMPORT QUALITY MONITORING PROGRAMME

GUIDELINES FOR IMPORTERS

1. The objective of the import Quality Monitoring Programme is to assure that the commodities imported conform to the relevant Guyana Standard Specifications, Codes of Practice or Guidelines, or the equivalent Regional or International Standards to reduce the level of all substandard imports into the country.
2. An importer should be annually registered with the Guyana National Bureau of Standards by completing and submitting to the Bureau the prescribed application form with a registration fee of \$15,000.00.
3. Commodities imported should be fit for the purpose intended and should be safe for use. An importer should purchase from sources which issue warranties and which could be easily passed down to consumers.
4. An importer should carefully select his supplier who could comply with the quality requirements in relation to the commodity being purchased. He should assess the potential supplier's capacity to meet the commitment concerning quality conformance.
5. When an importer places an order with a foreign supplier, it is essential that the goods received conform to the specifications of the order. An importer must take measures to ensure that the supplier provides products that meet the agreed quality requirements. The climatic conditions of Guyana should be specified.
6. A commodity imported should comply with the appropriate Guyana National Standard and also the **Standard Specification for Labelling of Commodities, GYS 10 : 1994 and GYS 9 : 1994.**

GUYANA NATIONAL BUREAU OF STANDARDS

**IQM 2/00**

IMPORT QUALITY MONITORING NOTICE TO IMPORTERS

Importers are required to comply with the following:

- (1) Importers should be annually registered with the GNBS. The commodities covered by GNBS include Domestic Electrical Appliances, Gas Stove, Textiles, Garments, Tyres, Footwear, Scales, Weights and Measures, Safety Matches, Mosquito Coils, Paint and Paint Products, Cigarettes, Animal Feeds, Safety Helmets, PVC Pipes, Computers and Furniture.
- (2) A commodity imported should comply with the appropriate national or international standard and also the Standard Specification for Labelling of the particular Commodity. Standards are available at the GNBS.
- (3) A commodity imported should bear a national or international certification mark from a Regulatory Body in the country of origin or a Certificate of Quality Compliance from an Independent Certification Body should be submitted to the Bureau to verify the quality of the commodity imported.
- (4) Customs entries and other documents relating to the commodities imported are required to be examined and the said commodities inspected by the Bureau of Standards before clearance for entry into the country.
- (5) A copy of each invoice of the commodities imported should be submitted to the Bureau.
- (6) Advance arrangements should be made with the Bureau of Standards to carry out the inspections of the commodities at the ports-of-entry. Simultaneous inspections with Customs Officers should be carried out to expedite the clearing of goods.
- (7) All commodities should be imported in Metric Units.

For further information, please contact GNBS at Flat 15 Exhibition Complex Sophia; Telephone: 02-59041, 56226, 59013, 77890 or hotline 77889.

Director
GNBS
FEBRUARY 28, 2000

GUYANA NATIONAL BUREAU OF STANDARDS

IMPORT QUALITY MONITORING PROGRAMME *COMMODITIES MONITORED BY THE GNBS*

IQM 1/00

Please note that all Customs Entries and other documents relating to the commodities listed below are **required** to be examined, and the said commodities **inspected** by the Guyana National Bureau of Standards (GNBS) before they are released into the country.

No commodity should be released unless an inspection is carried out by GNBS to determine its compliance with national standards.

List of Commodities

1. Domestic Electrical Appliances, including the following:

⌘ Refrigerator	⌘ Microwave Oven
⌘ Freezer	⌘ Amplifier
⌘ Electric Stove	⌘ Voltage regulator
⌘ Oven	⌘ AC units
⌘ Fan	⌘ Hair dryer
⌘ Radio	⌘ Curling iron
⌘ Recorder	⌘ Electric kettle
⌘ Television	⌘ Telephone
⌘ VCR	⌘ Hot plate
⌘ Washing machine	
⌘ Blender	
⌘ Iron	
⌘ Food processor	
⌘ Music System	

- | | |
|-------------------------------|--------------------------------------|
| 2. Gas Stove | 11. Cigarettes |
| 3. Textiles | 12. Animal Feeds |
| 4. Garments | 13. Safety Helmets |
| 5. Footwear | 14. PVC Pipes |
| 6. Safety Matches | 15. Furniture |
| 7. Tyres | 16. Computers and Peripheral Devices |
| 8. Scales, Weights & Measures | |
| 9. Paint & Paint Products | |
| 10. Mosquito Coils | |

For further information, please contact GNBS at Flat 15 Exhibition Complex Sophia;
Telephone: 02-59041, 56226, 59013, 77890 or hotline 77889

DIRECTOR
GNBS
FEBRUARY 28, 2000

EXHIBIT A-9

GUYANA POWER & LIGHT

- Requirements for a Service Connection

Requirements for a Service Connection

The following must be supplied to obtain a service connection:

- Title to the land if owned; or if rented, Tenancy agreement.
- Valid Certificate of Inspection from the Government Inspectorate.
- Completed application form. This form is available at GEC Service Centre.
- Payment of \$2,000 survey fee.
- Security deposit as determined by the Corporation. This deposit is returnable when your account is closed, provided that it has not been utilized to offset unpaid bills.
- Where Service Conductors are required in excess of sixty (60) feet, the cost of the additional wire must be paid for by the Applicant.
- Where extension works are required ? i.e., erection of poles, extension of primary / secondary mains in order for a connection to be effected ? the cost of such works must be met by the Applicant.
- Where a transformer is required to supply energy to one applicant only, the cost of that transformer will be borne by the Applicant.

EXHIBIT A-10

GUYANA TELEPHONE & TELEGRAPH

- Application for Business Telephone Service

GST GUYANA TELEPHONE & TELEGRAPH CO., LTD APPLICATION FOR RESIDENTIAL TELEPHONE SERVICE

Application Date: _____

FULL NAME		LAST	FIRST	MIDDLE INITIAL	A/R	I.D. #
SERVICE ADDRESS						PASSPORT #
BILLING ADDRESS						ADDITIONAL FACILITY/ EQUIPMENT
PLACE OF EMPLOYMENT	PLACE OF EMPLOYMENT	POSITION	TEL. #			
NAME OF SPOUSE		POSITION	TEL. #			
IS YOUR LOT	SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/>	YEARS THERE	<input type="checkbox"/>	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	
If your answer is Double state		EASTERN HALF <input type="checkbox"/>	WESTERN HALF <input type="checkbox"/>	NORTHERN HALF <input type="checkbox"/>	SOUTHERN HALF <input type="checkbox"/>	
IS THERE MORE THAN ONE HOUSE ON YOUR LOT		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If your answer is YES please state		FIRST <input type="checkbox"/>	SECOND <input type="checkbox"/>	THIRD <input type="checkbox"/>	FOURTH <input type="checkbox"/>	TOLL LIMIT
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAD TELEPHONE SERVICE BEFORE		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES LOCATION		\$5,000.00 <input type="checkbox"/>
						\$10,000.00 <input type="checkbox"/>
NEAREST TELEPHONE SERVICE		NAME	TEL. #			
CONTACT TEL. # AND ADDRESS		ACCOUNT NO.				
BANK REFERENCE		LOAN NO.				
CREDIT REFERENCE						
TYPE OF SERVICE REQUIRED		PREVIOUS APPLICATION				
TOUCH TONE ACCESS LINE <input type="checkbox"/>		ROTARY DIAL ACCESS LINE <input type="checkbox"/>		NAME _____		
CALL WAITING <input type="checkbox"/>		NON PUBLISHED <input type="checkbox"/>		ADDRESS _____		
3 WAY CALL <input type="checkbox"/>		ADDITIONAL LISTING <input type="checkbox"/>		DATE _____		
CALL FORWARDING <input type="checkbox"/>		SPEED DIALING <input type="checkbox"/>		OTHER SERVICES _____		
OTHER <input type="checkbox"/>		PREMISES HAD PREVIOUS SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>				
X		SIGNATURE OF APPLICANT _____				
		OTHER PERSON AUTHORIZED TO MAKE CHANCES _____				
		NAME _____				
VERIFICATION		EMPLOYMENT <input type="checkbox"/>				
CREDIT RATING		GOOD <input type="checkbox"/>				
VERIFIED BY _____		AVERAGE <input type="checkbox"/>				
DATE _____		POOR <input type="checkbox"/>				
DEPOSIT AMT		TOTALS _____				
INSTALLATION FEE		REC NO. _____				
\$ _____		DATE PAID _____				
COMPLETED DATE _____		SERVICE ORDER # _____				
DUE DATE _____		MONTHLY CHARGES _____				
1. _____		2. _____				
3. _____		4. _____				

PLEASE READ CONTRACT CAREFULLY BEFORE SIGNING APPLICATION

WHEREBY IT IS AGREED AS FOLLOWS:

1. GT&T shall provide telephone service to the subscriber as requested in the application form hereof.
2. This agreement shall become effective as from the date that the parties set their seals and signature hereunder provided that GT&T shall not be expected to provide the requested service on the date of attestation.
3. This agreement shall be valid for a period of not less than (1) year and shall be terminated by either party only in accordance with the regulations governing this agreement.
4. GT&T shall during the term of this agreement provide and maintain and efficient working order of all lines, equipment and apparatus needed to provide service to the subscriber under this agreement provided that GT&T shall not be responsible for the cost of repairs of such lines, equipment and apparatus as occasioned by the misuse or negligence of the subscriber, his servants or agents.
5. GT&T shall retain ownership of all lines, equipment, apparatus and directories provided to the subscriber including telephone numbers and exchange codes.
6. GT&T undertakes to provide the service subscribed for by the subscriber at the price in effect for each billing period. The failure of GT&T to provide the service(s) may result in a refund to the subscriber of the amount billed for such service.
7. GT&T shall not be liable for directory errors, but shall upon notice by the subscriber correct same in subsequent issues of the directory.
8. GT&T shall reserve the right to disconnect the service of the subscriber should the subscriber fail to pay all bills and payable within thirty-five (35) days after receipt of such bill(s) provided that delinquency notice is mailed to the subscriber as specified in the regulations, further GT&T may, without prejudice to any of its rights or remedies under this agreement, suspend any or all services.

THE SUBSCRIBER HEREBY AGREES AS FOLLOWS:

9. GT&T shall not furnish new additional service to any subscriber until and unless all previous accounts are settled.
10. The subscriber agrees that GT&T shall not be liable for any sum in excess of the sum legally claimed for service provided during periods of interruption or degradation of service.
11. The subscriber shall deposit with GT&T prior to the provision of the service(s) subscribed for and maintain a deposit with GT&T during the terms of this agreement, as security or the payment of fees, charges and expenses or as a deposit against such equipment owned by GT&T provided to the subscriber such sums as may from time to time be deemed adequate by GT&T.
12. The subscriber shall pay GT&T during the term of this agreement, a yearly rental for all lines, equipment and apparatus provided by GT&T as specified in the schedule of fees made part of the General Regulations hereto provided that such rental shall be paid in equal monthly installes.
13. The subscriber shall pay to GT&T any and all installation fee(s) due as specified in the attached schedule for each exchange line or equipment installed.
14. The subscriber shall within thirty-five (35) days to pay to GT&T all such amounts as listed in the account billed by GT&T provided that the subscriber shall provide facts that no bill of accounts has been received.
15. The subscriber shall use the service(s) for which he/she has subscribed only for the specified purpose indicated to GT&T i.e. Residential or Business.
16. No equipment or apparatus not being the property of GT&T shall be attached to GT&T's property without express authorization by GT&T provided that, any equipment

meeting the connection requirements of the US Federal Communication Commission or those of British Tele are hereby authorized to be connected to GT&T lines

17. The subscriber, his servants or agents shall not permit of to install, re-arrange, disconnect or remove any ill equipment, apparatus or directories, the property of G from the premises of the subscriber.

18. The subscriber shall be responsible for the maintenance and care of all lines, equipment and apparatus at subscriber's premises provided by GT&T and shall required to insure same at his or her own expense against loss or damage by fire, theft or other hazards provided that GT&T shall be at liberty to request proof of insurance from time to time.

19. The subscriber shall be surcharged the cost of any damage to equipment and facilities provided at the subscriber's premises, which results from any action other than normal wear and tear.

20. The parties, their heirs and assigns hereby agree to a by terms and conditions of the agreement and by regulations, a copy of which is available at the Communication Offices of the Company and filed with Public Utilities Commission.

The parties agree that this agreement shall at all time subject to the terms of the licenses granted to GT&T by Ministry of Works and Communications pursuant to TELECOMMUNICATION ACT 1990 and by the PUBLIC UTILITIES COMMISSION ACT 1990.

EXHIBIT A-11

GUYANA WATER AUTHORITY

- Application for Service Connection

GUYANA WATER AUTHORITY

Notice for new Domestic Customers

Thank you for your application for a new Service Connection. Please be advised of the following:

(a) GUYWA will not make the connection to your property unless you have installed good plumbing.

As a minimum, you must have fixed a stand pipe, for example:

1) One 3/4" male adaptor 2) One 3/4" female adaptor 3) Two 3/4" pressure pipe bends 4) 3/4" pressure pipe 5) One 3/4" tap

(b) Water supplied from GUYWA is only to be used for domestic purposes (e.g. washing, cooking, drinking). Wasting water or using it for any other purpose is illegal and will result in disconnection of the water supply.

(c) Water Rates must be paid promptly to avoid disconnection of the water supply.

(d) Please report any leaks or damage to GUYWA pipe lines or service connections.

GUYANA WATER AUTHORITY

10 Fort Street, Kingston, Georgetown
Telephone 02-50469/50471-7; Fax 02-50478/67305

APPLICATION FOR SERVICE CONNECTION

(TO BE COMPLETED IN DUPLICATE and BLOCK CAPITALS)

Appl#:.....

SECTION A : TO BE COMPLETED BY APPLICANT	
Surname:	Occupation:
First name:	National ID number: Telephone number:
Middle name (s)	Property assessment number:
Status of applicant:(tick as appropriate) Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other (Specify)	
Service address:	
Owner's name and address:	
Is this the first time the property will be connected or is it a replacement of an existing connection? Tick as appropriate: First time <input type="checkbox"/> Replacement <input type="checkbox"/>	
If replacement, state existing customer No	Account No
I hereby agree to the following: <ol style="list-style-type: none"> To pay all fees, deposits and charges and to be bound by the provisions of the Guyana Water Authority Act 1972 (as amended) and the Guyana Water Authority Supply Regulations, under the Act, or under any other applicable legislation. To maintain all pipes, connections and installations on my premises in a safe condition to the satisfaction of the Authority. Not to cause, permit or allow any wastage of water, which will make me guilty of an offence. That I have documentary proof of ownership of property or an otherwise legally authority to affix my signature on this form (evidence to support claim must be submitted with application). <p>NOTE: It is not the responsibility of GUYWA to provide potable water to persons living on sites which are not regularised housing areas.</p> <p>I acknowledge that this form constitutes a contract, legally binding on me with effect from the date of signature.</p>	
Applicant's Signature:	Date:
SECTION B. TO BE COMPLETED BY SYSTEMS INVESTIGATOR (for official use only)	
Work order number	Source of Supply:
Size and type of main:	
Location of main (distance from premises):	Pressure reading:
Will this installation cause inconvenience to existing customers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reasons, if any, why this service should not be granted:	
Cost (if standard, tick here) <input type="checkbox"/> (if non-standard, enter estimated cost here) \$	
Service recommended: Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Tariff\$:	
I certify that I have inspected the premises and this report is correct.	
Signed (System Investigator):	
SECTION C : TO BE COMPLETED BY MANAGEMENT ASSISTANTS (for official use only)	
Connection Fee Paid: \$	Date: Receipt Number:
Date Connected:	

EXHIBIT A-12

LABOUR AUTHORITY

- Application for Registration of a Factory
- Minimum Wages Reference List

FACTORIES

Factories (Prescribed Forms) Regulations (Subsidiary)

SCHEDULE

Form 1

APPLICATION FOR REGISTRATION OF A FACTORY

Factories Regulations, Reg. 2 (1)

To The Labour Authority
GEORGETOWNI hereby apply for the registration of the factory specified below as a *new factory

Name and Address of Owner _____ for Official Use only.

_____ No. _____

Name and Address of Occupier _____

Address and Location of Factory _____

Nature and Object of the Process carried on in the Factory _____

Nature of Power (if any) used in Factory for the purpose of carrying on such process _____

Number of Employees	<u>Adults (16 years of age or older)</u>		<u>Young Persons (under 18 years)</u>	
	M	F	M	F

a) Number normally employed _____

b) Number employed at date of application _____

Signed _____

Owner/ Occupier/ Manager

Dated this _____ day of _____ 19____

APPENDIX
EMPLOYMENT OF CERTAIN WORKERS

PART I

Hotels, Guest Houses, Discotheques, Night Clubs and Liquor Restaurants.

CATEGORIES	A 1999	B 2000
Head Cook	\$4,061.00 per week	\$5685.00 per week
Cook	3,357.00 “ ”	4,700.00 “ ”
Kitchen Maid	2,847.00 “ ”	3,986.00 “ ”
Head Waiter/Waitress	3,796.00 “ ”	5,314.00 “ ”
Waiter/Waitress	2,997.00 “ ”	4,196.00 “ ”
Maid	2,847.00 “ ”	3,986.00 “ ”
Bell Boy/Girl	2,072.00 “ ”	2,901.00 “ ”
Trainee Waiter	2,371.00 “ ”	3,319.00 “ ”
Head Barman	3,745.00 “ ”	5,243.00 “ ”
Barman	3,121.00 “ ”	4,369.00 “ ”
General Worker	2,798.00 “ ”	3,917.00 “ ”

PART II

RETAIL SPIRIT SHOP

CATEGORIES	A 1999	B 2000
Blender	11,288.00 per mth	\$15,803.00 per mth
Head Barman	2,371.00 per wk.	3,319.00 “ wk
Barman	2,123.00 “ ”	2,972.00 “ ”

PART III

LIQUOR STORES

CATEGORIES FIRST CLASS	A 1999	B 2000
Blender	\$12,288.00 per mth	\$17,203.00 per mth
Assistant Blender	\$2,023.00 per wk	2,832.00 per wk
Counter Clerk	\$2,023.00 “ ”	2,832.00 “ ”
SECOND CLASS		
Counter Clerk	\$1,849.00 per wk	\$2,589.00 per wk
Cashier	2,023.00 “ ”	2,832.00 “ ”

PART IV**TAVERNS**

CATEGORIES	A 1999	B 2000
Head Barman	\$2,371.00 per wk	\$3,082.00 per wk
Barman	2,123.00 " "	2,760.00 " "

PART V**RESTAURANTS, COOK-SHOPS, PARLOURS**

CATEGORIES	A 1999	B 2000
Head Cook	\$2,647.00 per wk.	\$3,441.00 per wk.
Cook	2,148.00 " "	2,792.00 " "
Order Boy/Girl	1,947.00 " "	2,531.00 " "
Head Waiter/Waitress	2,448.00 " "	3,182.00 " "
Waiter/Waitress	1,947.00 " "	2,531.00 " "
Maid	1,849.00 " "	2,404.00 " "
Cashier	2,322.00 " "	3,019.00 " "
Dishwasher	1,849.00 " "	2,404.00 " "
Cleaner	1,849.00 " "	2,404.00 " "
General Worker	1,849.00	2,404.00 " "

WATCHMAN

CATEGORIES	A 1999	B 2000
Hourly	55.00 per hr	71.50 per hr
Daily	439.00 per day	571.00 per day
Weekly	2,422.00 per wk.	3,149.00 per wk.

PETROL FILLING STATIONS

CATEGORIES	A 1999	B 2000
Supervisor	\$5,17.00 per wk.	\$6,721.00 per wk.
Shift Supervisors	4,599.00 " "	5,979.00 " "
Attendant	2,603.00 " "	3,384.00 " "
Service Man	4,655.00 " "	6,052.00 " "
Mechanic	4,655.00 " "	6,052.00 " "
Washman	2,709.00 " "	3,522.00 " "
Clerk	3,309.00 " "	4,302.00 " "

SHIRT AND GARMENT FACTORY

CATEGORIES	A 1999	B 2000
Supervisor	\$4,986.00 per wk.	\$6,482.00 per wk.
Tailor	4,190.00 " "	5,447.00 " "
Cutter	3,735.00 " "	4,856.00 " "
Assistant Cutter	3,407.00 " "	4,429.00 " "
Assorter	3,407.00 " "	4,429.00 " "
Examiner	2,963.00 " "	3,852.00 " "
Layer	2,692.00 " "	3,500.00 " "
Presser and Finisher	449.00 per day	584.00 per day
Machinist	449.00 " "	584.00 " "
Semi-skilled Worker	449.00 " "	584.00 " "
Trainee Machinist	442.00 " "	575.00 " "

DRY GOODS STORES

CATEGORIES	A 1999	B 2000
Driver	\$2,497.00 per wk.	\$3,246.00 per wk.
Cashiers	2,497.00 " "	3,246.00 " "
Checkers	2,371.00 " "	3,082.00 " "
Clerk	2,371.00 " "	3,082.00 " "
Messenger	2,371.00 " "	3,082.00 " "
Porter	2,331.00 " "	3,030.00 " "
Other unskilled employees	2,331.00 " "	3,030.00 " "

SAW MILL WORKERS

CATEGORIES	A 1999	B 2000
Unskilled	\$432.00 per day	\$562.00 per day
Semi-skilled		610.00 " "
Skilled		660.00 " "

TIMBER GRANT WORKERS

CATEGORIES	A 1999	B 2000
Unskilled	\$432.00 per day	\$562.00 per day
Semi-Skilled		610.00 " "
Skilled		660.00 " "

CINEMA

CATEGORIES	A 1999	B 2000
Operator	\$4,225.00 per wk.	\$5,493.00 per wk.
General Staff over 18 yrs	4,033.00 " "	5,243.00 " "
General Staff under 18 yrs	4,033.00 per wk.	\$5,243.00 per wk.
Cashier	3,266.00 " "	4,246.00 " "
Clerical Attendant	3,266.00 " "	4,246.00 " "
Ticket Collector	3,266.00 " "	4,246.00 " "
Guard	3,149.00 " "	4,094.00 " "
Sweeper/Cleaner	2,535.00 " "	3,296.00 " "

DRUG STORES

CATEGORIES	A 1999	B 2000
Driver	2,497.00 per wk.	\$3,246.00 per wk.
Cashier	2,497.00 " "	3,246.00 " "
Checker	2,467.00 " "	3,207.00 " "
Clerk	2,467.00 " "	3,207.00 " "
Messenger	2,467.00 " "	3,207.00 " "
Porter	2,388.00 " "	3,104.00 " "
Other Unskilled Employees	2,388.00 " " 55.00 per hr.	3,104.00 " " 71.50 per hr.
Registered Student Trainee	10,551.00 per mth. On first appointment 11,051.00 per mth. After one year	15,016.00 per mth. On first appointment 14,366.00 per mth. After one year

HARDWARE STORES

CATEGORIES	A 1999	B 2000
Driver	\$2,497.00 per wk.	3,246.00 per wk.
Cashier	2,497.00 " "	3,246.00 " "
Checker	2,371.00 " "	3,082.00 " "
Clerk	2,371.00 " "	3,082.00 " "
Messenger	2,371.00 " "	3,082.00 " "
Porter	2,331.00 " "	3,030.00 " "
Other Unskilled Employees	2,331.00 " "	3,030.00 " "

GROCERIES

CATEGORIES	A 1999	B 2000
Driver	2,497.00 per wk.	\$3,246.00 per wk.
Cashier	2,497.00 “ ”	3,246.00 “ ”
Checker	2,371.00 “ ”	3,082.00 “ ”
Clerk	2,371.00 “ ”	3,082.00
Messenger	2,371.00 “ ”	3,082.00 “ ”
Porter	2,331.00 “ ”	3,030.00 “ ”
Other Unskilled Employees	2,331.00 “ ”	3,030.00 “ ”

MECHANICAL TRANSPORT EMPLOYEES

CATEGORIES	A 1999	B 2000
Driver	\$5,169.00 per wk.	\$6,720.00 per wk.
Conductor	2,600.00 “ ”	3,380.00 “ ”

EXHIBIT A-13

LANDS & SURVEY

- Application for Title

**APPLICATION FOR TITLE (GOV'T / STATE LANDS)
TO THE COMMISSIONER OF LANDS AND SURVEYS**

SECTION I

DETAILS OF APPLICANTS (Include attachment if more than two(2) persons applying.)

No	Names	ID number	Sex (M/F)	Date of Birth (dd/mm/yyyy)	Address	Manager's Name (if organisation)	Tel / Fax
1.	Last _____ First _____						
2.	Last _____ First _____						

SECTION II

PARTICULARS OF LEASE

Term of Lease applied for <input type="text"/> years.	Existing Title <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes state Title no. <input type="text"/> (Tick the appropriate box)
Class of Lease applied for <input type="checkbox"/> State <input type="checkbox"/> Gov't	Title Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No	(Tick the appropriate box(es))
Purpose of Lease <input type="checkbox"/> Agri <input type="checkbox"/> Residential <input type="checkbox"/> Grazing <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Business <input type="checkbox"/> Tourism <input type="checkbox"/> Ecclesiastical <input type="checkbox"/> Recreational	(Tick the appropriate box(es)) OR otherwise state <input type="text"/>	
Type of Tenancy <input type="checkbox"/> (For joint application only) Tenancy in Common <input type="checkbox"/> Joint Tenancy <input type="checkbox"/>	Existing Title Type (if any) Lease <input type="checkbox"/> Licence <input type="checkbox"/> Grant <input type="checkbox"/> Possession <input type="checkbox"/> P/L <input type="checkbox"/> Title Type applied for Lease <input type="checkbox"/> Licence <input type="checkbox"/>	

(Seek assistance of Lands & Surveys staff to complete this section)

SECTION III

DESCRIPTION OF LAND

(Fill Part (A) for all surveyed land and Part (B) otherwise. Seek assistance of Lands & Surveys staff to complete this section)

Part (A) (Include attachment if you wish to apply for more than four(4) parcels.)

No.	Parcel ID (Relate)	Lot no.	Section (of Locality)	Direction (of Section)	Sublot no.	Lot Type (for Black Bush only)	Region no.	PCU no.	Location	Acres	Stock Sheet	Plan no.
1.												
2.												
3.												
4.												

Part (B)

Description of Land:

Filing Fee GR. No. Inspection Fee Filing Date Total
DIVISION/TTTT

Signature of Applicant(s)

Date

Signature of
Supt. of Lands and Surveys

Date
Commissioner of Lands and Surveys

**NOTE - A completed questionnaire form must accompany this application.
Location sketch showing area applied for must be included overleaf.**

**LANDS AND SURVEYS DEPARTMENT
MINISTRY OF AGRICULTURE**

1. I wish to apply for land at
2. (a) Name in full
(BLOCK LETTERS)
- (b) List other names used
3. Present Address
(STATE, HOUSE OR LOT NUMBER, STREET)

4. Date of Birth 5. Place of Birth
dd/mm/yyyy

6. List below persons living with and dependant on you:

NO.	NAMES	RELATIONSHIP	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

7. List the number (such as 1,3,6,8) of the family members from Question 6 who will live on the new farm with you

8. OCCUPATION

- (a) Where employed
- (b) How Employed
- (c) How long have you been employed as such?
- (d) How much do you earn?
(per week, fortnight or month)
- (e) Number of days employed each week

9. List other ways you earn money

10. (a) Do you own a house? if so state value
- (b) If you rent a house state name of owner and rental
- (c) Where is the house situated?

11. If you own a house, are you prepared to remove it or sell it?

12. If you sell your house, are you prepared to use the money obtained to build a new house?

13. Are you prepared to build a house without Government Assistance?

14. How soon would you be able to move if accepted?

15. State the following: -

15. State the following:-

	Acres	How Used	Where Situated
Land owned (including House Spot)			
Land rented (including House Spot)			

16. Give details of livestock you own
17. List all agricultural or other machinery you own or in which you have a share
18. (a) How much money have you saved and in what Bank is it deposited?
- (b) How much are you prepared to invest in a new farm?
- (c) Do you have any Life Insurance Policies? If so give details
19. If you are selected are you prepared to sell the land you own or give up the land you rent within one year of being allocated land
20. How many acres do you think you can farm?.....
21. What crops and/or livestock do you plan to cultivate and/or raise?
22. Have you requested land in any other area? If so, in what area?
23. How many years of experience have you had as a farmer? And what did you cultivate?
24. Are you, or have you ever been a member of a Co-operative Society? If so give details
25. Are you willing to sign a document a part of which requires that you abide with all the conditions laid down by Government with regard to the land allocated to you?.....
26. Are you willing to produce a certificate from a Doctor as to your physical condition, if requested to do so?
27. Do you agree to the terms and conditions under which the land will distributed?

(Note - The terms and conditions are published in the Official Gazette and copies of the Extract can be obtained from the LANDS AND SURVEYS DEPARTMENT - MINISTRY OF AGRICULTURE, all Post Offices outside Georgetown, and established Land Development Schemes).

I CLEARLY UNDERSTAND AND ACCEPT THAT IN THE EVENT OF ANY LAND BEING ALLOCATED TO ME UNDER ANY AGREEMENT WITH THE GOVERNMENT IT SHALL BE A CONDITION OF SUCH AGREEMENT THAT GOVERNMENT RESERVES THE RIGHT TO EJECT ME FROM SUCH LAND IF ANY OF THE STATEMENTS MADE IN THIS FORM IS FOUND TO BE FALSE.

Signature

Date.....

Witnesses (1)

(2)

REPORT

(FOR OFFICE USE ONLY)

.....
.....
.....
.....

Date

Signature of Committee Members

☐ ☐
Recommended Not Recommended
☐ ☐ ☐
Deferred Disqualified Absent

AFFIDAVIT

I,
of
do solemnly and sincerely declare as follows:-
That each and every statement and/or item of information made or given by me and contained in the
application for land at
datedgiven under my signature/mark and
witnessed by andis true and correct.
I make this declaration conscientiously believing the same to be true and according to the Statutory
Declaration Ordinance.

Declarant.

Declared before me this date of 19

.....
Commissioner of Oaths

Commissioner of Lands and Survey

EXHIBIT A-14

INDUSTIRAL ESTATES

- Application for Industrial Plot
- Industrial Park Application

ECCLES INDUSTRIAL ESTATE

APPLICATION FOR INDUSTRIAL PLOT[S]

Information supplied herein will be treated as strictly confidential and will be used for the specific purpose of processing this application. The provision of accurate and comprehensive information will facilitate and expedite consideration and assessment of the application.

A] Particulars of Applicant:

Name of Business

Contact Person

Address:

.....

Telephone No: Fax No.: E-Mail:

Date of Incorporation:

Authorised Capital:

Paid-up Capital:

In the case of a foreign firm or a company in formation, indicate the local contact (name of firm or individual, address and telephone number):

.....

.....

.....

.....

B] Products To Be Manufactured & Estimated Minimum Annual Production:

Products:

Quantity:

Value:

Local Sales:

Export Sales:

C] Details of Land Area Required (in square feet):

Area of Proposed Building	Initial Stage	Final Stage (additional)
♦ Factory:
♦ Administration:
♦ Warehouse:
♦ Other (Please Specify):
Total Building Area Required:

Land Area Required:

• Building Area:	.....	.....
• Open Area		
- Open Storage	.....	.....
- Special Structures: (eg. storage tanks, towers' chimneys, etc.)	.....	.....
• Car Parking, Loading & Building Set-Back Requirements:	.....	.....
Total Land Area Required:	.....	.....

D] Capital Expenditure & Estimated Time of Completion

The proposed expenditure on machinery, plant and equipment and the estimated times of completion for the building and the installation of machinery, plant and equipment will be included in the Proposal Form and will constitute requirements to be met under the Agreement for Lease.

1] Building (see note 1)	Initial Stage	Final Stage (additional)
i] - Foundation and External Works - Superstructure		
Expected Cost (G\$M)
Estimated Time of Completion from date of site possession (months)
ii] - Machinery, Plant and Equipment for Manufacturing Purposes		
Expected Cost (G\$M)
Estimated Time of Completion of installation from date of site possession (months)
iii] - Land (G\$M)
Total Expenditure i-iii (G\$M)
iv] - Proposed Sources of Finance for Total Expenditure (i-iii above)		
- Existing Shareholders	
- Equity	
- Bank/Financial Institutions	
- Other (Please specify)	

Note:- 1]

Building**Foundation and External Works**

The costs should include expenditure on site formation (if any), foundations, roads or pathways, utilities, drainage, treatment works or installations and other ancillary works within the site boundary.

E] Environmental Evaluation
(Please state the type of waste.)

Nature of Waste Products:

Quantity of Waste Products:

Disposal of Waste Products:

	Initial Stage	Final Stage
I] Employment
G] Water Use
H] Vehicle Volume

I] Other Relevant Information *(Attach separate sheets if necessary):*

.....

.....

.....

.....

.....

.....

.....

Completed application form should be returned to:

**The Director
 Guyana Office for Investment
 190 Camp and Church Streets
 Georgetown**



To All Applicants

Consequent to this initial meeting, you should provide the following:

1. Implementation schedule for your project;
2. A floor plan for your structure.

You should also know that the following financial costs are attached to the project:

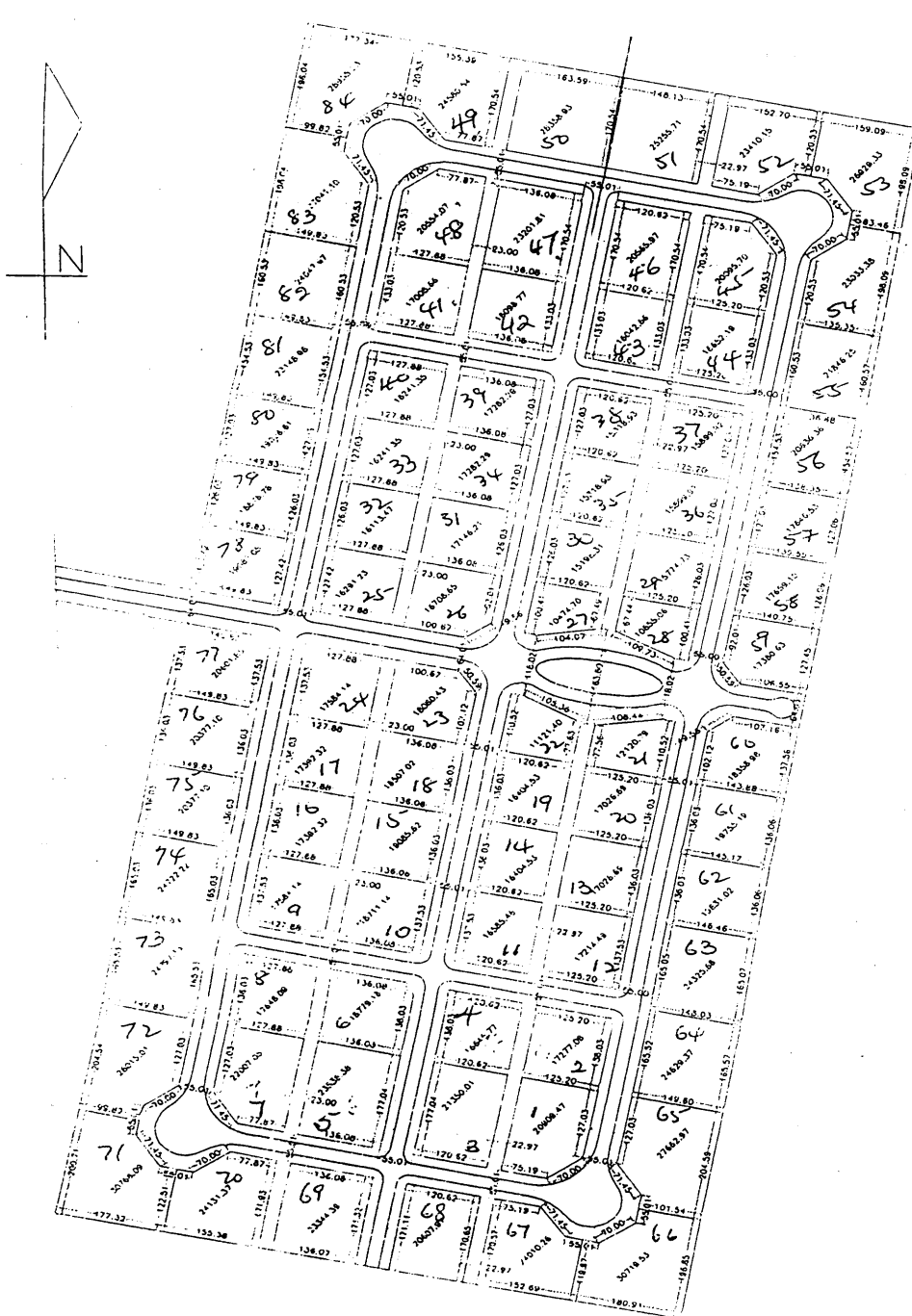
- a. a 25% down payment on the development cost prior to the issuance of a letter of confirmation. The remainder 75% of the development cost will be paid by monthly installments over a 23½-year period at 10% interest after an initial grace period of 18 months. This total cost is estimated at \$210.00 per sq. ft.
- b. an annual lease/rental fee of \$5.00 per sq. ft. paid in monthly installments.

The lease is for an initial period of 25 years with an option for renewal for an additional 25 years in the first instance.

Following this interview you will be given a form letter. You should use this letter to make your down payment at the Office of the National Industrial & Commercial Investment Ltd. (NICIL) at 126 Barrack Street, Kingston, Georgetown. Upon presentation of your receipt, you will be issued with a letter of confirmation outlining the terms and condition of the lease (the lease agreement). You are free to examine the Boilerplate lease agreement at GOINVEST at anytime.

**Industrial Estates
Criteria for Plot allocation**

1. Export potential
2. Employment generation
3. Import substitution
4. Utilisation of indigenous resources
5. Nature and scope of the project
6. Level of investments
7. Implementation Schedule
8. Product to be manufactured
9. The history of the applicant
10. His experiences in business
11. his ability to finance the project
12. His demand for the site



All Linear Dimensions are in FEET (ft.)
Levels are based on the Georgetown Datum (G.D.)

MINISTRY OF TRADE, and INDUSTRY
ECCLES, INDUSTRIAL SITE DEVELOPMENT
BLOCK "DD" PLN. ECCLES S.R.D.
REVISED PLAN SHOWING PLOT DIMENSIONS

DAVID KLAUTKY and ASSOCIATES
CONSULTING ENGINEER

NOTES: PLOT BOUNDARIES ARE PARALLEL OR PERPENDICULAR TO THE
NORTHERN OR WESTERN BOUNDARIES
REVISION: LETTERS DRAWN SHIFTS 15' & WEST

EXHIBIT A-15

MINISTRY OF TRADE

- Application for Export License
- Application for Import License

**FORM No. 2
GUYANA****(TO BE PREPARED IN TRIPLICATE)
Application for Export Licence.****TO THE CONTROLLER OF COMMODITIES**

I/We of Georgetown hereby apply for
a Licence to export the goods specified in the Schedule on the back hereof to

.....
(Country whence Consigned)

Name and Address of Consignee

Name and Address of selling agent, if any

2. I/We desire to export the goods on or about the
.....day of19.....

3. I/We hereby declare that we are the lawful owners of the goods or are the agent of
..... the lawful owners and that the goods will be
exported to any country other than the destination indicated above.

4. I/We agree to accept a licence to export the goods on the conditions stated on the back hereof.

per.....
(Signature of Applicant)

Date19.....

(To be completed in cases where goods are to be exported to a foreign country or to Canada)

I/We declare that the goods will be sold for

(State Currency)

and that the currency so acquired will be offered for sale to the

(State name of Bank)

Bank in the Country.

Noted by..... per.....

(To be signed by or on behalf of the
Manager of the Bank indicated)

(Signature of Applicant)

Date19..... Date19.....

EXPORT LICENCE

License is hereby granted to
to export from the Country the goods specified in the Schedule on the back hereof subject to the
conditions stated thereunder.

.....
CONTROLLER OF COMMODITIES

Date

Georgetown, Guyana

(This space is for Official use only)

SCHEDULE

DESCRIPTION OF GOODS	QUANTITY IN UNITS OF SALE	PRICE PER UNIT OF SALE	TOTAL VALUE	

*State whether C.I.F. or F.O.B. (Value if not known is to be estimated)

CONDITIONS

1. This licence shall remain in force until the.....
day of.....19.....
2. In the case of goods exported to a foreign country or (to Canada the goods shall be sold only for foreign currency (or Canadian dollars as the case may be) and the currency so acquired shall be offered for sale to a Bank of the Country.
3. That the Owner or Shipper of the said goods, if so required by the Controller of Commodities, shall produce to him within such time as he may allow proof to his satisfaction that the said goods were duly delivered at the destination named in the Licence.
4. That the Licence shall be deemed void and of no effect in the event of non-compliance with conditions (2) and (3) as set out above and as accepted by the applicant in his application for this Licence.
5. That this Licence may be modified or revoked at any time by the Controller of Commodities without reason given.

GUYANA

SCHEDULE

(to be prepared in triplicate)

APPLICATION FOR IMPORT LICENCE

[Under the Trade Ordinance (no. 34 of 1958) and the Trade (Control of Import and export Order 1963 (No. 49 of 1963)]

TO THE COMPETENT AUTHORITY – MINISTRY OF TRADE

We
 of
 hereby apply for a Licence to import goods specified in the Schedule on the back hereof from

(country of consignment)

Name and Address of Supplier

Name and Address of buying agent, if any

2. We desire to forward the order for these goods on or about
 (Date)
 by
 (State whether by cable, mail or otherwise)

3. (a) We will remit the necessary amount to cover the cost of the goods, insurance, shipping expenses & c., with the order.

(b) We will settle with Bank on
 arrival of the goods in the Country.

(c) Payment will be effected

 (strike out (a), (b) or (c) as the case may be)

Date

IMPORT LICENCE

No.

License is hereby granted to
 to import the goods specified in the Schedule on the back hereof from
 subject to the conditions, restrictions and limitations stated hereunder.

CONDITIONS

1. This Licence shall remain in force until the day of 19.....
 2.
-
 (Insert here any other conditions that may be imposed)

THE COMPETENT AUTHORITY – MINISTRY OF TRADE

Date

Georgetown, Demerara

(This space is for Official use only)

SCHEDULE

DESCRIPTION OF GOODS	QUANTITY IN UNITS OF SALE	PRICE PER UNIT OF SALE	TOTAL VALUE	
			\$	¢

*State whether C.I.F. or F.O.B. (Value if not known is to be estimated)

EXHIBIT A-16**NATIONAL INSURANCE SCHEME**

- Application for Registration as an Employer
- Contribution Schedule (monthly)
- Contribution Schedule (weekly)
- Employed Persons Application for Registration
- List of Employed Persons for Registration
- Self-Employed Person's Application for Registration

NATIONAL INSURANCE COMPANY OF NEW YORK

(to be complete in duplicate)

NB: Schedule must be returned to National Insurance Scheme not later than the 15th day of the month following that to which payment relates.

- [illegible]

2. TYPE OF BUSINESS:
3. BUSINESS ADDRESS:
4. HOME ADDRESS:
(if different from 3)
5. NATIONAL INSURANCE NUMBER:

6. I forward herewith cheque No. _____ for \$ _____
being National Insurance Contributions for the period from _____ to _____
7. My total remittance for the year including this remittance is \$ _____
8. _____

[illegible]

9. Signature _____
10. Date _____

FOR OFFICIAL USE ONLY

DECLARED INCOME

3

Receipt No. _____ issued for \$ _____

for the month of _____ 20____

Signature of Cashier: _____

Date: _____

FORM C51
(R & P Dent. Iss. 2000)

CONTRIBUTION SCHEDULE

NB: Schedulees must be returned to National Insurance Scheme not later than the 15th day of the month following that to which payment relates. Failure to submit schedule and remittances by the said date will incur a surcharge in keeping with the Regulations.

[illegible]

*FOR OFFICIAL USE ONLY		
DATE STAMP		
SUMMARY		
EMPLOYEES AGE CLASS	No	TOTAL INSURED EARNINGS
16 Years - 39 Years	-	
UNDER 16 & 60 yrs 8 OVER		

[illegible]

8. I hereby declare that the payments made are in conformity with the National Insurance and Social Security Regulations. The total remittance for the year to date is g.....
The schedule of employees consists ofpages

7. AMOUNT PAYABLE:

9. Signature of Employer
(or Representative) _____

10. Date: _____

II. Employer's Stamp

FOR OFFICIAL USE

CASHIER, _____

INFORMATION VERIFIED AS CORRECT

RECEIPT No. _____ ISSUED FOR _____

SIGNATURE _____ DATE _____

FORM C32

(TO BE COMPLETED FOR ALL WEEKLY PAID EMPLOYEES BETWEEN AGES 18 AND 80 YEARS)

Schedules must be returned to National Insurance Scheme not later than the 15th day of the month following that to which payment relates

SUMMARY		
EMPLOYEES AGE CLASS	NO.	TOTAL INS. EARNINGS
16 - 59 YRS.		
UNDER 16 YRS. & 60 AND OVER		

9. The new remuneration for the year to come is £
10. Signature of Employer:
11. Date:
Employer's Stamp:
CASHIER,
Information verified as correct:
Stamp: Issued for £
Signature Date

**NATIONAL INSURANCE - GUYANA
EMPLOYED PERSON'S APPLICATION FOR REGISTRATION**

Employee's work number *(if any)
(Here may be entered any works or similar number used by the employer to identify the employed person in his wage records).

FOR OFFICIAL USE ONLY									
INSURANCE NUMBER									

**PARTICULARS OF APPLICANT
(USE BLOCK LETTERS)**

Surname

IF A MARRIED WOMAN, GIVE MAIDEN NAME

Other names in full

Also known as

Occupation

Address: Lot Street *Ward

Village

* City / Area County

Mother's name and surname

Mother's maiden name

Date of Birth of Employed Person

DAY	MTH	YEAR

Marital Status of Employed Person

Married	Single	Divorced	Separate
Widow	Widower	Common Law	

Sex of Employed Person

Male	Female
------	--------

No. of Children under 18 and their Ages

NO.	1	2	3	4	5	6
AGE						

If Married, state Spouse's Age

Place of Birth of Employed Person

National Registration Identity Number

Address at time you registered for National Registration: Lot Street

*Ward County

Village

If married give full name

of husband/wife

(SURNAME)

(OTHER NAMES)

For a married man state wife's maiden name

If unmarried but living together (SURNAME) (OTHER NAMES)

give full name of reputed husband/wife

(SURNAME)

(OTHER NAMES)

Signature of Employed Person Date

(If applicant cannot write he/she should place his/her thumb print and the employer should insert the applicant's name in capitals. state which thumb was used and sign as a witness to the print).

Thumb Print.

*Left/Right

Witness Employer):

*I certify that I have seen/not seen the employed person's National Registration Identity card and the number above is correct.
I also witnessed the thumb print of the employed person.

M commenced working with me on Date

NATURE OR TYPE OF BUSINESS

--	--	--	--	--

NAME OF EMPLOYER Registration Number of Employer

FULL BUSINESS ADDRESS

Signature of Employer or his Representative

TELEPHONE NUMBER DATE

* Delete where inapplicable

Form R4

(R & P Dept. Jan. 2000)

FOR OFFICIAL USE ONLY

INSURABILITY CONFIRMED		Initials.....Date.....										
INSURANCE NUMBER ALLOTTED AND ENTERED AT HEAD OF FORM AND ON FORM R5		Initials.....Date.....										
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
CHECKED.....		Initials.....Date.....										

**NATIONAL INSURANCE • GUYANA
SELF-EMPLOYED PERSON'S APPLICATION
FOR REGISTRATION**

FOR OFFICIAL USE ONLY									
Ins. No.	1	2	3	4	5	6	7	8	9

**PARTICULARS OF APPLICANT
(USE BLOCK LETTERS)**

Surname in full.....

(IF A MARRIED WOMAN, GIVE MADEN NAME)

Other names in full.....

Occupation.....

Business address: Lot. Street Ward
Village

City..... County.....

Home address.....

Mother's name and surname.....

Mother's maiden name.....

Mother's birth register number, where available

Date of Birth
of applicant

DAY	MTH	YEAR

Sex: Male/Female

No. of Children under 18 and their Ages

NO.	1	2	3	4	5	6
AGE						

Place of Birth of applicant

Mark with X as appropriate

Marital Status of applicant	Married	Single	Widow	Widower	Divorced	Separated

If, Married, state Spouse's Age

If previously employed state name of last Employer.....

Address of last Employer

Date Employment ceased.....

N.I. No.

 National Registration
Identity Number

If married give full name
of husband/wife.....

For a married man state wife's maiden name

If unmarried but living together
give full name of reputed husband/wife

Signature of applicant
(If unable to write mark with a cross thus (X) and have it witnessed).

Witness to mark:

Signature..... Date.....

Address

Form R 4 A

See Over

FOR OFFICIAL USE ONLY

INSURABILITY CONFIRMED

Initials.....Date.....

INSURANCE NUMBER ALLOTTED
AND ENTERED AT HEAD OF FORM
AND ON FORM R5

--	--	--	--	--	--	--	--	--	--

Initials.....Date.....

CHECKED.....

Initials.....Date.....

EXHIBIT A-17**OCCUPATIONAL SAFETY AND HEALTH**

- Accidents and Occupational Diseases
- Application for Registration of an Industrial Establishment
- Certificate of Registration of an Industrial Establishment
- Notice of an Accident
- Notice of Cessation of Disability
- Notice of Occupational Disease

Chapter 32:97 Section 69 (1)

FIRST SCHEDULE
ACCIDENTS AND OCCUPATIONAL DISEASES
(NOTIFICATION) ACT

NOTICE OF ACCIDENT

Accident Registration No. _____

1. Name of employer _____

2. Address and place where accident happened _____

3. Nature of occupation _____

4. Branch or department and exact place where the accident _____

5. Injured person's surname _____

Other names _____

Address _____

6. (a) Sex _____ (b) Age (last birthday) _____

7. Date of accident _____

8. (a) Cause or nature of the accident _____

(b) If caused by machinery

(i) Give name of the machine
and part causing accident _____(ii) state whether it was worked by mechanical
power at the time _____9. Nature and extent of injuries (e.g. fatal, loss of finger, fracture of leg,
scalp, scratch followed by sepsis) _____

10. (a) State whether the accident was fatal or not _____

(b) If the accident was not fatal, state the estimated period that the injured person will be
unable to earn full wages at the work at which he/she was employed at the time of the
accident _____

11. Has the accident been entered in the Register? _____

Date: _____

Signature of Employer or Agent

"Occupation" includes agriculture, business, commerce, industry, and trade.

Form 2

Occupational Safety and Health (Prescribed Forms) Regulations.
SCHEDULE
FORM 2
APPLICATION FOR REGISTRATION OF AN INDUSTRIAL
ESTABLISHMENT

To the Labour Authority
GEORGETOWN

I hereby apply for the registration of the Industrial Establishment specified below as a
*new Industrial Establishment.

Name and Address and Owner For official use only:
..... No.

Name and Address of Occupier

Address and Location of
Industrial Establishment:

Type of Industrial
Establishment:

Nature and Objective of the Process carried on in the Industrial Establishment

.....

Hazardous chemicals and hazardous physical agents present in the Industrial
Establishment.

.....
.....

Number of employees Persons	Adult		Young	
	(18 years of age and over)		(under 18 years of age)	
	M	F	M	F
a) Number normally employed				
b) Number employed at date of application.				

Signed
Owner/Occupier/Manager.

Dated this day of 19

Form 3
CERTIFICATE OF REGISTRATION OF AN INDUSTRIAL ESTABLISHMENT
Occupational Safety and Health Act Section 7 (1).

THIS IS TO CERTIFY

.....

 has been registered by me in accordance with Section 7 (1) of the Occupational Safety and Health Act and that the following particulars in respect of that Industrial Establishment have been entered in the register of Industrial Establishments.

Name and Address-----

of Owner -----

Name and Address -----

of Occupier -----

Address and Location -----

of Industrial Establishment -----

Type of Industrial Establishment -----

Nature and Object of Process -----

Carried on -----

Hazardous Chemicals and -----

Hazardous Physical Agents -----

	ADULT (18 years of age and over)	YOUNG PERSONS (under 18 years of age)
--	-------------------------------------	--

	M	F	M	F
--	---	---	---	---

(a) Number normally
Employed

(b) Number employed at
date of application

Registration No. _____

(Signed)

Dated this day of 19

NOTICE OF AN ACCIDENT
(under the Occupational Safety and Health Act)

Accident Register No.

8. Name of employer
9. Address of place where accident happened
10. Nature of occupation
(Occupation includes agriculture, business, commerce, industry...)
11. Branch or department and exact place where the accident happened.
12. Injured person's surname
Other names
Address
13. (a) Sex
(b) Age (last birthday)
(c) Occupation of injured person
14. Date and time of accident
(a) Cause or nature of the accident
(b) If caused by machinery --
(i) give name of the machine and part causing accident
(ii) state whether it was worked by mechanical power at the time
(c) State exactly what injured person was doing at the time
15. Nature and extent of injuries (e.g., fatal, loss of finger, fracture of leg, scalp, scratch followed by sepsis)
16. (a) State whether the accident was fatal or not
(b) If the accident was not fatal, state the estimated period that the injured person will be unable to earn full wages at the work at which he was employed at the time of the accident
17. Has the accident been entered in the Register?
- Date:
- Signature of Employer or Agent

NOTICE OF CESSATION OF DISABILITY
(to be submitted when disability ceases)

Accident Register No.

Name of employer

Address of place of employment

Injured person's surname

Other names

Date of accident

Date when disability ceased

Actual number of days of disability

Amount of compensation paid

Signature of Employer or Agent

NOTICE OF OCCUPATIONAL DISEASE

	(1. Name of employer
	(
	(2. Address of place of employment
	(.....
	(.....
	(.....
	(
	(3. Address of office
	(.....
Work	(.....
	(.....
	((if work on the place of employment is only temporary)
	(
	(4. Nature of industry, occupation, or business
	(.....
	(.....
	(.....
	(
	(5. Nature of occupational disease
	(.....
	(.....
	(.....
	(
	(6. (a) Surname
	((b) Other names
	(
Person affected	(7. Address (permanent)
	(.....
	(.....
	(.....
	(
	(8. Temporary address (if any)
	(.....
	(.....
	(.....
	(
	(9. Sex and age last birthday
	(
	(10. Precise occupation
	((avoid term "labourer" where possible)
	(
Date	.....
Signature of Employer or Agent	.....

EXHIBIT A-18

DEEDS REGISTRAR

- Business Names Registration
- Transport – Declaration of Purchaser
- Transport – Declaration of Seller
- Transport – Special Power of Attorney to Transport or Mortgage
- Title – Caveat
- Title – Certificate of Provisional Title to Land
- Title – Certificate of Title to Land
- Title – Charge
- Title – Lease
- Title – Mortgage
- Title- Notice of Deposit of certificate of Title
- Title - Transfer

No of Certificate

APPLICATION FOR REGISTRATION BY AN INDIVIDUAL**Business Names (Registration) Act, Chapter 90:05**

I, the undersigned hereby apply for Registration pursuant to the provisions of the Business Names (Registration) Act, and for that purpose furnish the following statement of particulars :-

1. The Business Name.	
2. The general nature of the Business	
3. The Principal place of the Business.	
4. The present forename (or forenames) and surname of the Individual	
5. Any former forename (or forenames) and surname of the Individual.	
6. The Nationality of the Individual.	
7. The Nationality of origin of the individual. If not same as present Nationality.	
8. The usual residence of the Individual.	
9. The other Business Occupation (if any) of the Individual.	
10. The date of the commencement of the Business, if the Business was commenced after 6th March, 1919.	
11. Any other Business Name or Names, under which the Business is carried on.	

Dated this day of 200.....

(Signed)

DECLARATION OF PURCHASER

County of Demerara.

I, (*occupation and address*) do solemnly and sincerely declare*?

(1) That on the day of 19....., I bought from the property herein described (*here describe the property*) and that the full and true consideration paid or to be paid by me for the property whether to the said or to any other person in connection with the sale is the sum of

(2) And I further state that I have not nor has any other person to my knowledge on my account paid nor is there by me or on my behalf to be paid any other valuable consideration for or in respect of or in connection with the alienation to me of the said property, save and except certain stamp duty and Registrar's fees.

(3) All of which I declare to be the absolute truth without any reservation whatsoever, and according to the Statutory Declarations Act.

Sworn

Declared before me atthis day of, 19.....

* *If for a transport, say "being duly sworn make oath and say as follows? "*.
Omit if for a transport.

DECLARATION OF SELLER

County of Demerara.

I, (*occupation and residence*) do solemnly and sincerely declare*?

(1) That on the..... day of19...., I sold to the property herein described, that is to say (*here describe the property*) and that the full and true consideration passing to me for the sale is the sum of And I further state that there is not any agreement, condition, or undertaking between me and the said whereby he is to pay or has paid to me or to any other person whomsoever for or in respect of or in connection with the purchase by him of the said property any sum of money over and above the said sum of..... save and except certain charges under the heading of stamp duty or registrar's fees.

(2) And I further state in respect of the said sale that I have not received and that I am not to receive nor has any other person received nor is any other person to receive for my use or benefit or at my instance or request any valuable consideration besides the said sum of.....

(3) All of which I declare to be the absolute truth without any reservation whatever, and according to the Statutory Declarations Act.

Sworn

Declared before me atthis.....day of....., 19.....

**If for a transport, say "being duly sworn make oath and say as follows? ".
Omit if for a transport.*

SPECIAL POWER OF ATTORNEY TO TRANSPORT OR MORTGAGE

I, of do hereby constitute and appoint of to be my true and lawful attorney and agent for the special purpose hereinafter expressed, that is to say, in my name and on my behalf to appear before a Judge of the High Court of Guyana and then and there to give and pass transport of *(or as the case may be) [here describe the property]* sold by me to (or mortgaged *as the case may be, and the amount of the mortgage*) of to the said in due and customary form, and generally for effecting the purpose aforesaid to do whatsoever shall be requisite as effectually to all intents and purposes as if I myself could do if present and acting in person, and all and whatsoever my said attorney shall lawfully do or cause to be done in the premises I agree to allow and confirm.

In witness whereof I have hereunto set my hand at thisday of one thousand nine hundred and before and in the presence of the subscribing witnesses.

As Witnesses.

- 1.
- 2.

Signed before me, the..... to the best of my knowledge and belief being the person he/she purports to be and appearing fully to understand the effect hereof.

Magistrate or Justice of the Peace

CAVEAT

Block:

Parcel:

To the Registrar of Lands:

Take notice that I, A.B., of *(address)* claim an interest in the above parcel (now standing in the register in the name of E.F.) and I forbid the registration of any instrument of transfer or other instrument affecting the said interest until after notice of the intended registration has been given to me (or unless such dealing is expressed to be subject to my claim).

Nature of the interest claimed and grounds upon which such claim is founded:

(State nature and grounds.)

My address for service is *(address)*.

(Signature of caveator, solicitor, or attorney.)

I, the above named A.B., (or C.D. solicitor or attorney for the said A.B.) do solemnly and sincerely declare that the statements in the above caveat are true in substance and in fact (as I have been informed by the above named A.B. and verily believe).

I make this declaration etc.

CERTIFICATE OF PROVISIONAL TITLE TO LAND

Block:

Parcel:

Description and location of land:

THIS IS TO CERTIFY that A.B. of *(address)* is now the registered proprietor under the Land Registry Act of all that parcel of land registered as *(parcel-number)* and comprising *(area)*, subject to the qualification stated hereunder and to the interests endorsed hereon or in the register and to such interests as may under the said Act subsist without registration.

This title is held subject to *(state qualification as recorded in declaration of title)*.

IN WITNESS WHEREOF I have hereto subscribed my name and affixed the seal of the Land Registry this *(date)*.

(Seal)

Registrar of Lands

CERTIFICATE OF TITLE TO LAND

Block:

Parcel:

Description and location of land:

THIS IS TO CERTIFY that A.B. of *(address)* is now the registered proprietor under the Land Registry Act of all that parcel of land registered as *(parcel- number)* and comprising *(area)*, subject to the interests endorsed hereon or in the register and to such interests as may under the said Act subsist without registration.

IN WITNESS WHEREOF I have hereto subscribed my name and affixed the seal of the Land Registry this *(date)*.

(Seal)

Registrar of Lands

CHARGE

Block:

Parcel:

Description and location of land:

I, A.B., of *(address)*, being the registered proprietor under the Land Registry Act of (the above parcel), do hereby charge (all my interest in the said parcel) with the payment of the sum of *(dollars)* per annum payable on *(dates of payment)* in each year to C.D. of *(address)*.

(Here state the event or circumstance on which sums shall become and cease to be payable and any special terms or conditions.) As witness my hand, etc.

(See notes below.)

NOTES TO TRANSFER, MORTGAGE, CHARGE AND LEASE

- (1) If the person executing the instrument is not himself the proprietor of the land but of an interest therein, he should be described as proprietor of the interest and a reference to the instrument creating the same should be included.
- (2) Where the interest affected by the instrument is less than the interest of the person executing it, the words "all my interest in the said parcell" should be modified accordingly.

LEASE

Block:

Parcel:

Description and location of land:

I, A.B., of *(address)* being the registered proprietor under the Land Registry Act of *(the above parcel)*, do hereby lease to C.D. of *(address)* (all my interest in the said parcel) for a period of *(years)* from *(date)* at a yearly rent of *(dollars)* payable on *(date or dates)* in each year.

(Here state any special terms or conditions and any modification of the terms and conditions implied by the Act.)

And I, C.D., do hereby accept this lease (subject to the above terms and conditions).

As witness our hands, etc.

(See notes below.)

NOTES TO TRANSFER, MORTGAGE, CHARGE AND LEASE

- (3) If the person executing the instrument is not himself the proprietor of the land but of an interest therein, he should be described as proprietor of the interest and a reference to the instrument creating the same should be included.
- (4) Where the interest affected by the instrument is less than the interest of the person executing it, the words "all my interest in the said parcell" should be modified accordingly.

MORTGAGE

Block:

Parcel:

Description and location of land:

I, A.B., of *(address)*, being the registered proprietor under the Land Registry Act of (the above parcel), do hereby mortgage (all my interest in the said parcel) to C.D. of *(address)* to secure the principal sum of *(dollars)* repayable on *(date)* with interest at *(percentage)* payable on *(dates of payment)* in each year.

(Here state any special terms or conditions and any modification of the terms and condition implied by the Act.)

As witness my hand, etc.

(See notes below.)

NOTES TO TRANSFER, MORTGAGE, CHARGE AND LEASE

- (5) If the person executing the instrument is not himself the proprietor of the land but of an interest therein, he should be described as proprietor of the interest and a reference to the instrument creating the same should be included.
- (6) Where the interest affected by the instrument is less than the interest of the person executing it, the words "all my interest in the said parcel" should be modified accordingly.

NOTICE OF DEPOSIT OF CERTIFICATE OF TITLE

To the Registrar of Lands:

I, A.B., of *(address)* hereby give notice that the certificate of title of parcel *(number)* has been deposited with me with the intention of creating a lien thereover to secure the sum of *(dollars)*.

TRANSFER

Block:

Parcel:

Description and location of land:

I, A.B., of *(address)*, being the registered proprietor under the Land Registry Act of *(the above parcel)*, in consideration of the sum of *(dollars)* paid to me by C.D. of *(address)*, receipt of which I hereby acknowledge, do hereby transfer to the said C.D. (all my interest in the said parcel).

(Here state any special terms or conditions.)

And I, C.D., do hereby accept this transfer (subject to the above terms and conditions).

As witness our hands, etc.

(See notes below.)

NOTES TO TRANSFER, MORTGAGE, CHARGE AND LEASE

- (7) If the person executing the instrument is not himself the proprietor of the land but of an interest therein, he should be described as proprietor of the interest and a reference to the instrument creating the same should be included.
- (8) Where the interest affected by the instrument is less than the interest of the person executing it, the words "all my interest in the said parcel" should be modified accordingly.

EXHIBIT A-19**REVENUE AUTHORITY**

- Details to Submit
- Employer's Registration
- Non-Company Registration Input
- Requirements for the Issue of a Tax Compliance Certificate
- Return of Deductions of Tax by an Employer
- Return of Employers of Persons Employed by Them
- Return to be made by Employers of Persons Employed by Them
- Tax Deduction Remittance

Ref. No. _____

**INLAND REVENUE DEPARTMENT
COMPANIES SECTION
GPO Building, Robb Street
Georgetown**

199.....

The Company Secretary

Dear Sir/Madam,

Re: _____

Information on hand suggests that the above-mentioned company was registered on
_____.

Kindly submit the following details;

- a) the date the Company commenced business,
- b) the full names and addresses of the principal Officers of the Company,
- c) the opening balance sheet of the Company,
- d) copies of any agreements regarding to the purchase/takeover/acquisition of any assets/liabilities of any business; whether it is a Proprietorship, Partnership, or Company or any other type of business
- e) the full names of the shareholders and the number of shares held by each shareholder,
- x f) certificate of Incorporation.
- g) the nature of business,
- h) the principal activity,
- i) the principal product,
- j) the company's telephone number.
- k) accounting period
- l) number of employees.

This information, requested under the provisions of Section 63 (1) of the Income Tax Act, Chapter 81:01, should be submitted to reach me on or before
_____.

Yours sincerely,

.....
/Commissioner of Inland Revenue

INLAND REVENUE DEPARTMENTEMPLOYER'S REGISTRATION FORM

*Made under Section 117 of the Income Tax Act to be
Completed in Block Letters

1. NAME OF EMPLOYER:
2. PRIVATE ADDRESS:
.....
3. BUSINESS NAME:
4. BUSINESS ADDRESS:
.....
5. NO. OF EMPLOYEES
EMPLOYED OR BE
EMPLOYED:
6. DATE BUSINESS COMMENCE:
.....

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE.

SIGNATURE:

DATE:

FOR OFFICIAL USE

REGISTRY
NO. ISSUED

P.A.Y.E CHECK UNIT
ENTERED IN REGISTER

ENTERED ON CARD/REGISTER
E.D.P. SYSTEM UPDATE

SIG./DATE:

SIGNATURE/DATE

.....

INCOME TAX ADMINISTRATION
NON-COMPANY REGISTRATION INPUT FORM

HEADING		TO BE FILLED IN BY THE TAX PAYER	OFFICIAL USE	
IRD FILE NUMBER			BATCH #	
			SEQ. #	
TAXPAYER TYPE	PAYE (Y/N)			
	TRADER (Y/N)			
	PARTNER (Y/N)			
	OTHER (Y/N)			
SEX (Male or Female)				
MARITAL STATUS (Single, Married, Divorced, Separated)				
TITLE (Mr, Mrs, Ms, Dr)				
DATE OF BIRTH (Year/Month/Day)				
TAXPAYER NAME	LAST NAME			
	FIRST NAME			
	MIDDLE INITIAL			
HOME ADDRESS				
HOME TELEPHONE				
EMPLOYER'S NAME			EMPL. IRD.	
EMPLOYER'S ADDRESS				
BUSINESS TELEPHONE				
OCCUPATION			OCCUP. CODE	
PASSPORT NUMBER				
NIS NUMBER				
NATIONAL REGIS. NUMBER				
RESIDENT/NON-RESIDENT(R or N)				
NATURE OF YOUR INDUSTRY			IND. CODE	
TAX DEPT. LOCATION			LOC. CODE	
REGION				
ARE YOU AN EMPLOYER? (Do you remit employee taxes?) (Y/N)				
SPOUSE'S IRD FILE NUMBER				
SPOUSE'S NAME	LAST NAME			
	FIRST NAME			
	MIDDLE INITIAL			
MARRIAGE DATE (Year/Month/Day)				
COMPLETED BY			VERIFIED BY	
SIGNATURE			SIGNATURE	
DATE COMPLETED			DATE VERIFIED	

ITAS FORM #1

**GUYANA REVENUE AUTHORITY
NOTICE TO ALL TAXPAYERS**

**REQUIREMENTS FOR THE ISSUE OF A
TAX COMPLIANCE CERTIFICATE**

Applicants for Tax Compliance Certificates, whether for Tender purposes or to effect change of ownership of motor vehicles or immovable property disposed of by gift or voluntary sale, are required to submit the following documents:

- (1) Copy of transport/lease in respect of property. In respect of motor vehicle, a copy of the motor vehicles registration.
- (2) Agreement of sale/affidavit of donor or copy of receipt of purchase for motor vehicle transfer.
- (3) Market value of the asset at 1.1.91, if acquisition was prior to 1.1.91. The current value of the asset, in the cases of transfer by gift or donation.
- (4) Documentary evidence of capital improvement done after acquisition or after 1.1.91 value of the asset, together with receipts attesting to legal fees, agent fees and other expenses incurred in the transfer of the asset.
- (5) Suitable identification or power of Attorney of non-resident applicant.
- (6) All outstanding Tax Returns.

NB. NO FEE IS CHARGED FOR A TAX COMPLIANCE CERTIFICATE

Certificate are issued on payment of all taxes due and payable or on satisfactory arrangement made with the Commissioner for such payment.

Payment should be made to the cashier at the Internal Revenue and an official receipt will be issued in all cases.

K. Sattaur
Commissioner (Internal Revenue)

GUYANA Income Tax

To: The Commissioner of Inland Revenue

P. O. Box 1032

Georgetown

Employer's Name

Address

Nature of Business

RETURN OF DEDUCTIONS OF TAX BY AN EMPLOYER

(Sec. 117 (i) of the Income Tax Act)

The following deductions on account of Guyana Income Tax have been made by directions of the Commissioner of Inland Revenue for the month of

File No.	Name	Total Income \$	Amount Income Tax	
			\$	c
		TOTAL \$		

Please find enclosed Cheque for \$_____being amount of Income Tax deducted from the pay of the above-named Employees.

Date_____

I R D.-No 5

G.N.P.L./29064/93.

Signature

NAME AND ADDRESS OF EMPLOYER:

SHEET No.

[illegible]

Submit Original and Duplicate to the Commissioner of Inland Revenue

Keep Triplicate for Your Records

GNP.L.LAP 39171-97

* The total shown in the column "Income Tax Deducted" is to be agreed with the total tax remitted for the year.

****Sequential Number should be stated also on the.....7A-1 or 7B Slips**

I.R.D. No. 2A (b)

CONFIDENTIAL

Year of Assessment ending 31st December, 199
Income Tax Act. Chap. 81:01

Return to be made by Employers of Persons employed by them in the
preceding Year ended 31st December, 199

Name of Employer:

Address:

Particulars	SALARIED EMPLOYEES		OTHER EMPLOYEES		Remarks (for Tax Office use)
	No.	Salaries, bonuses, etc., payable in money	No.	Wages, bonuses, etc., payable in money	
Total No. of Persons Employed					
Total No. of Persons reported on Income Tax Employers Return (Form 2A)					
To be filled in by INCOME TAX OFFICE					

Signature

Capacity in which {
Return made

LRD - No. 28
(SUMMARY)

ORPL-LRP 124622 - 7406

DNNUN h.

CONFIDENTIAL

Page 1.

GUYANA**The Income Tax Act, Cap. 81:01****YEAR OF ASSESSMENT ENDING THE 31st DECEMBER, 19**

RETURN TO BE MADE BY EMPLOYERS OF PERSONS EMPLOYED BY THEM IN THE PRECEDING YEAR ENDED 31st DECEMBER, 19

To be delivered to the Commissioners of Inland Revenue, G.P.O. Building, Georgetown

(a) in case of Government employees, and Primary School Teachers – on or before 31st January, 19

(b) in case of all other employees, on or before 28th February, 19

Name of Employer

Address

DECLARATION

I,

declare that all the particulars contained in this Return are fully, truly and correctly stated according to the best of my knowledge and belief.

..... Signature

..... In what capacity the
Return and Declaration
are made.

..... Address

..... Date

SPECIAL NOTICE

1. Any employer who refuses, fails, or neglects to furnish a Return of Employees shall be guilty of an offence against the Act and shall be liable to a fine not exceeding \$500.

2. Any person who knowingly makes or delivers any false Return or Statement under the Act, or any person who aids or abets such offences shall be liable to a fine not exceeding \$500 or to imprisonment with hard labour for a term not exceeding 6 months.

3. See page 4 for explanations and instructions.

I.R.D. — NO. 2A.

EXPLANATIONS AND INSTRUCTIONS

1. The Sections of the Act relating to the Employers' Return as amended by the Income Tax Act are as follows:—

41 (2) Every Employer shall, on or before the prescribed day in every year of assessment, prepare and submit to the Commissioner a Return containing:—

- (a) The names and places of residence of all those employed by him during the year immediately preceding except those who were not employed in any other employment and whose remuneration in the employment for the year did not exceed such amount or amounts as may be prescribed.
- (b) the names and places of residence of every person to whom he paid a pension or annuity during the year immediately preceding except those persons who were not employed by any other person and whose emoluments paid by him did not exceed such amount or amounts as may be prescribed;
- (c) the payments and allowances made to those persons in respect of that emolument;
- (d) the amount of tax deducted or withheld from the emoluments of every person aforesaid.

(3) Where the employer is a body of persons, the manager or other principal officer shall be deemed to be the employer for the purposes of this section and any director of a company or person engaged in the management of a company shall be deemed to be a person employed.

2. "Remuneration" means all salaries, wages, overtime, leavepay, sick bonus, stipend, commission, or other payment of any kind for services, director's fees, retiring allowances, compensation for the termination of any contract of employment or service, and any perquisites, including the annual value of any residence, quarters, board and lodging whether paid in money or otherwise, arising or accruing in or derived from or received in Guyana which are chargeable under the provisions of the Income Tax Act, but shall not include any salary or share of profits arising from a trade, business, profession or vocation carried on by a person either by himself or in partnership with any other person.

3. Particular attention is directed to the interpretation of the terms "employer", "remuneration" and "person employed".

4. A return on Form No. 1 must be made by every employee named herein from whom tax was deducted.

5. The Declaration on page 1 must be made whether or not any names are returned.

N.B. Kindly include on the enclosed Return of Employees for Year of Assessment 19 the following information as regards members of your staff:—

- (a) persons who have left your employment, date thereof and amount of salary earned and tax deducted;
- (b) persons who have been dismissed or retrenched, date thereof and amount of salary earned and tax deducted;
- (c) persons transferred from one Firm/Department to another, date thereof and amount of salary earned and tax deducted.

6. Every employee from whom tax has been deducted is to be returned on this Form.

Employer's
Form 2 No.

GUYANA
INLAND REVENUE DEPARTMENT
TAX DEDUCTION REMITTANCE FORM

.....
(Business Name of Employer)

Address.....

It is hereby certified that the amount now
remitted represents the total tax deducted
during the month shown below.
Signature of Employer
or Authorised Officer

Date

Income Tax Deducted	For Month Of	Tax Deducted Now Remitted	Cumulative Total to Date

Tax Deducted	For Month Of	Tax Deducted Now Remitted	Cumulative Total to Date

1. THIS PART IS TO BE RETURNED TO YOU WITH
OFFICIAL RECEIPT OF THE COMMISSIONER OF
INLAND REVENUE.
2. DEDUCTIONS RECEIVED AFTER THE 14TH INCUR
PENALTY AND INTEREST (See NOTE 2 OVERLEAF) ...
PLEASE REMIT EARLY

R.D.-No. 5D

.....
Ledger Clerk

INSTRUCTIONS TO EMPLOYERS

1. Complete one form each month (rubber stamp may be used to show name and address) and attach to your remittance preferably by cheque made payable to the Commissioner of Inland Revenue.
2. The tax deducted or withheld each month must be remitted by the 14th day of the following month. Failure to remit will incur a penalty of 10% or \$10.00 whichever is greater, plus interest at the rate of 25% for the first year and 30% for each year thereafter.
3. If you discontinue business you must within 14 days of the month following, make a final remittance and make returns in respect of all employees (see notes to employers).
4. The Inland Revenue Department WILL notify you by post if the amount of your CUMULATIVE TOTAL is not agreed by them.
5. Any deductions which you are specifically instructed by the Commissioner of Inland Revenue to make from the Emoluments of your employees in respect of their ~~tax~~ arrears should not be included in this return. They should be listed separately on a particular remittance form provided for the purpose.

EXHIBIT A-20**TOWN COUNCILS**

- Building Application (Linden)
- Building Applications (Anna Regina)
- Building Application (New Amersterdam)
- Certificate of Fitness for Food Premises
- Schedule of Fees New Amersterdam

NO

MAYOR AND TOWN COUNCIL (LINDEN)**Building Application Form**

I here make application to the council for permission to erect/alter/add to building as stated hereunder, in accordance with the accompanying plans and specifications and the relevant statutory provisions I undertake to build in conformity with such approval.

Name of Applicant:Present Address:Work to be done:Purpose for which building will be used:Location of work:Owner of land:Appraised in the name of:Is work on land laid out for building purpose:Date on which work is to begin:Height of structure from ground:FeetPillarsBlock ofMaterials to be used in construction:(Floor)(Wall)(Roof)Dimensions of Building(s):Dimension of proposed addition:Lease distance of any part of structure:Boundry of LotInterlot drainAny other building:Area of LotTotal area to be covered by building(s):Total area to be covered by additional(s):**OTHER DETAILS**

I declare the above to be a true statement of all works I wish to carryout

Date.....

Signature.....

Rates Checked

Date.....

Treasurer.....

Site inspected and details checked

Date.....

Building Inspector.....

Structural designed etc. checked

Date.....

Town Supt.....

Approval subject to Compliance with building By-Laws

Date.....

Health Inspector.....

BUILDING APPLICATION
TO ERECT ALTER OR ADD TO BUILDING IN THE ANNA REGINA
TOWN COUNCIL

Name of Applicant:

Present Address:

Works to be done:

Location of Work:

Owner of Land:

Is the Land laid out for building purposes?

Date on which work is to begin:

Hight of structure from ground.....feet, Pillars, Blocks of.....

Materials to be use

in construction of

(Floor.....

(Walls.....

(Roof.....

Dimension of building.....

Least Distance of

any part of the

structure from

(Boundry of lot.....

(Drainage of fresh water trench.....

(Any other building.....

Area of lot.....

Total area to be covered by building.....

Date on which work is to begin.....

I declare the above to be a true statement of all the works I wish to carry out.

Date:

.....

Signature of Applicant

Date:

Site inspected and details checked.

.....

Signature of Public Health Insp.

Date:

Details of above lot checked.

.....

Town Clerk

— — — — — — — — — — — — — — — —

Dear Comrade,

This is to inform you that approval has been/has not been given for the works you propose to carry out as set forth in your application ofsubject to comply in all respects with the By-Laws.

During the progress of the work please keep in touch with the Public Health Inspector and the Town Clerk.

.....
 Town Clerk.

.....

BUILDING APPLICATION

No.: _____

To: The Town Clerk
New Amsterdam
Berbice

I hereby make application to the Council for permission to erect/ alter/ add to building as stated hereunder, in accordance with the accompanying plans and specifications and the relevant statutory provisions undertaken to build in conformity with such approval and provisions.

Name of Applicant: _____

Present Address: _____

Work to be done: _____

Purpose for which the building will be used: _____

Location of Work:

Owner of Land _____

Appraised in the name of: _____

Is work on land laid out for building purposes: _____

Date on which work is to begin: _____

Height of structure from ground: _____ feet _____ pillars _____ Block of

Materials to be used in construction of: Floors: _____

Walls: _____

Roof: _____

Dimensions of Building(s): _____

Dimensions of proposed additions: _____

Least distance of any part of structure of: Boundary of Lot: _____

Interlot drain: _____

Any other building: _____

Area of Lot

Total area to be covered by building(s): _____

Total area to be covered by addition(s): _____

Other Details: _____

I declare the above to be a true statement of all works I wish to carry out.

Date: _____ Signature: _____

Site inspected and detail checked.

Date: _____ Signature- Health Officer: _____

Approved subject to compliance with Building By-Laws.

Date: _____ Signature: _____

Building completed in accordance with application and with by-laws.

Date: _____ Town Engineer: _____

SF/2

Department of Environment Health

37 Republic Avenue,
Mackenzie,
Linden.

.....

Dear Comrade,

CERTIFICATE OF FITNESS FOR FOOD
PREMISES UNDER PUBLIC HEALTH ORDINANCE CHAP. 145

This is to certify that I have the food premises of Cde.....
.....
of.....
situated at.....
The Sanitary arrangement are satisfactory and Licences may be granted to carry on the business.

Yours co-operatively,

.....

The Regional Executive officer,
Region No. 10
Mackenzie,
Linden.

c.c. Custom Officer
Mackenzie Post Officer.

Department of Environment Health
37 Republic Avenue,
Mackenzie,
Linden.

.....

Dear Comrade,

CERTIFICATE OF FITNESS FOR FOOD
PREMISES UNDER PUBLIC HEALTH ORDINANCE CHAP. 145

This is to certify that I have the food premises of Cde.....
.....
of.....
situated at.....
The Sanitary arrangement are satisfactory and Licences may be granted to carry on the business.

Yours co-operatively,

.....

The Regional Executive officer,
Region No. 10
Mackenzie,
Linden.

c.c. Custom Officer
Mackenzie Post Officer.

Schedule of Fees New Amsterdam

		\$
11. <u>09-13 COMPLIANCE AND STATEMENT FEES:</u>		150,000.00
1. Any Rate Payer requesting a statement of indebtedness would be required to pay \$500.00 for such statement.		
2. Any Rate Player requesting a Compliance for the Court to pass transport would be requested to pay \$1,000.00 for each time requesting a certificate.		
3. Town Clerk Certificate- \$1,500.00		
4. Permission for Sub Division \$1500.00		
12. <u>09-14 BUILDING APPLICATION FEES:</u>		25,000.00
Building Application Forms (each): \$200.00		
13. <u>0-9-15 POUND FEES:</u>		1.00
14. <u>09-16 PLAN, PROCESSING, INSPECTION ETC., FEES:</u>		3,000,000.00
<u>PRICE LIST:</u>		
	INSPECTION \$	PROCESSING \$
Domestic (0-700 sq. ft.)	1,000.00	2,000.00
Domestic (700-1200 sq. ft.)	1,500.00	3,000.00
Domestic (over 1200 sq. ft.)	2,000.00	4,000.00
Commercial (0-700 sq. ft.)	4,000.00	8,000.00
Commercial (700-1000 sq. ft.)	6,000.00	10,000.00
Commercial (1000-1200 sq. ft.)	7,500.00	12,000.00
Commercial (over 1200 sq. ft.)	8,000.00	15,000.00
Industrial/ Factories/ W'Shop (0-1500 sq. ft.)	8,000.00	15,000.00
Industrial/ Factories/ W'Shop (1500-3000 sq. ft.)	10,000.00	20,000.00
Industrial/ Factories/ W'Shop (over 3000 sq. ft.)	12,000.00	25,000.00
Fence	100.00	-
Swimming Pool	-	10,000.00
Extension of Time (Domestic)	-	1,000.00
Extension of Time (Commercial)	-	2,000.00
Erecting Signs (0-6 sq. ft.)	-	5,000.00
Erecting Signs (over 6 sq. ft.)	-	10,000.00
Banners of Temp. Advertisement	-	
For less than two (2) week per banner -		1,000.00
Guywa running pipe lines per foot -		100.00
G.E.C. for erecting poles on Council's reserved (per pole) -		100.00
G.T.&T. running wires and poles per foot yearly -		100.00